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|  | **Northern California Koyasan Temple**1400 U StreetSacramento, CA 95818-1417(916) 444-0111 | **2023 Membership Form** |
| [x]  | New Member | [ ]  | Renewing Member |
| **MEMBER’S INFORMATION** |
| *Select one*:[ ]  Mr. [ ]  Mrs.[ ]  Ms. [ ]  Dr. |       |       |  |  |  |
|  | Last Name |  | First Name |  |  |  |
|  |       |
|  | Street |
|  |       |  |       |  |       |
|  | City |  |  |  | State |  | Zip Code |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Contact Info: | Home Phone: |       | Cell Phone: |       |
|  |  | Email Address: |       |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Select one*:[ ]  Mr. [ ]  Mrs.[ ]  Ms. [ ]  Dr. |       |       |  |  |  |
|  | Last Name |  | First Name |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Contact Info: | Cell Phone: |       |
|  |  | Email Address: |       |

 **ADDITIONAL HOUSEHOLD MEMBERS:** (*List last name if different than above*)

|  |  |  |
| --- | --- | --- |
| First Name |  | Last Name |
|       |  |       |
|       |  |       |
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**ANNUAL MEMBERSHIP FEES**

* $150 for individual
* $250 for two adults per household
* $300 per household (all members)

Please remit this completed form with your payment to: If you prefer to pay through “Venmo” or “PayPal”,

N.C. Koyasan Temple go to[**https://nckoyasan.org**](https://nckoyasan.org) “Donations” page.

Attn: Membership Save form, attach to email**:** **info@nckoyasan.org**

1400 U Street

Sacramento, CA 95818-1417

Thank you for your support!

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| For office use: Check No. \_\_\_\_\_\_\_\_\_\_\_\_ |  Amt. **\_\_\_\_\_\_\_\_\_\_**\_ | Cash | [ ]  | Rec’d by: |  | Date: |  |