|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Northern California Koyasan Temple**  1400 U Street  Sacramento, CA 95818-1417  (916) 444-0111 | | | | | | | | | **2023 Membership Form** | | | | | | | | | |
|  | 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 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**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**](mailto:info@nckoyasan.org?subject=Membership)

1400 U Street

Sacramento, CA 95818-1417

Thank you for your support!

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