

Sacramento, CA 95818-1417 (916) 444-0111

Amt.

Check No.

Cash 🗌

Rec'd by:

Date:

New Member

Renewing Member

MEMBER'S INFORMATION

Select one:				
🗌 Ms. 🗌 Dr.	Last Name First Name			
	Street			
	City		State	Zip Code
Contact	nfo: Home Phone:		Cell Phone:	
	Email Address:			
Select one: Mr. Mrs. Ms. Dr.				
	Last Name	First Name		
Contact	Info: Cell Phone:			
	Email Address:			
First Name			Last Name	
	L MEMBERSHIF	P FEES	·	
≽ \$250	for two adults per housel per household (all memb			
Please remit this completed form with your payment to: N.C. Koyasan Temple Attn: Membership 1400 U Street Sacramento, CA 95818-1417			If you prefer to pay through " go to <u>https://nckoyasan.org</u> Save form, attach to email: <u>ir</u>	"Donations" page.
		Thank you fo	r your support!	
For office use:				