

Northern California Koyasan Temple 1400 U Street Sacramento, CA 95818-1417 (916) 444-0111

Amt.

Check No.

Cash

Rec'd by:

2025 Membership Form

Date:

New Member Renewing Member							
MEMBER'S INFORMATION							
Select one: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.							
	<u> Б</u>	Last Name First Name					
	-	Street					
	-	City			State	Zip Code	
	Contact Ir	nfo:	Home Phone: Email Address:		Cell Phone:		
Select o	Mrs.						
		Last Name First Name					
	Contact Ir	nfo:	Cell Phone: Email Address:				
AD1	DITION	AL F	HOUSEHOLD	MEMBERS: (List last name	if different than above)		
First Name				·	Last Name		
AN	NUAL	. M]	EMBERSH	IP FEES			
	•		dividual	ادام مامد.			
			o adults per hou ousehold (all me				
Pleas	N.C. K Attn: 1400	oyasa Mem U Sti	an Temple Ibership	th your payment to:	If you prefer to pay through go to https://nckoyasan.org Save form, attach to email:	g "Donations" page.	
				Thank you fo	or your support!		
For	office use:						