

TAISHOJI SOTO MISSION

(Hilo Zen Temple)

REGISTRATION FORM FOR TEMPLE MEMBERSHIP

(KYODAN)

Date: _____

NAME: _____
(Please print) Last First Middle

BIRTHDATE: _____ AGE: _____

RESIDENCE ADDRESS: _____

MAILING ADDRESS: _____
(If different from above) _____

HOME PHONE: (_____) _____ WORK PHONE: : (_____) _____

CELL PHONE: _____ FAX: _____

E-MAIL: _____

SPOUSE'S NAME _____
(If also joining)

BIRTHDATE: _____ AGE: _____

CHILDREN (18 years and younger): NAME/BIRTHDATE

COMMENTS:

