



Thank you for considering membership with Yokoji-Zen Mountain Center. Please read this form and fill in the appropriate sections and return it to us.

We currently have two types of membership:

Individual Membership

\$360 for the year
\$180 for 6 months
\$30 per month (min. 6 month)

Family Membership

\$540 for the year
\$270 for 6 months
\$45 per month (min. 6 month)

Payments can be made by check (payable to YZMC), credit card or cash. We can take your credit card details and run your card on a monthly basis, bi-annually or annually. **For us, the best way for you to pay your membership dues is by check as we do not incur processing fees.** You can set up an automated process through your online banking service to send us a check every month, or every 6 months or year.

Many people choose to include an additional donation on top of the basic membership amount – please let us know if you would like to contribute in this way. We have two pledge tiers, *Friends of Yokoji* and *Temple Guardians*. Please visit www.zmc.org/pledge if you are interested in pledging your commitment to Yokoji in this way.

Which ever option you choose, thank you for your support, and we hope you will find membership with YZMC a rewarding experience.

Name: _____

Address: _____

Phone: _____ Email: _____

Membership type: Individual Family

Additional family members (if any): _____



Payment type: Check Credit card Cash

Frequency of payment: Monthly Bi-annually Annually

Additional monthly pledge: Yes No If yes, amount: \$_____

Additional bi-annual or annual pledge: Yes No If yes, amount: \$_____

If credit card

Please call the office to give your credit card details over the phone if you prefer. Do NOT email your credit card information as it is not a secure form of communication.

16 digit number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Expiry: _ _ _ _

I give Yokoji-Zen Mountain Center permission to charge my credit card on the frequency indicated above for membership unless I inform them otherwise. yes no

Personal Information

If you have a medical or physical condition that limits your activity or that you feel we should be aware of, please inform us.

Do you have any food allergies? _____

Emergency Contact

Please provide us with a person whom we may contact in the case of emergency.

Name: _____ Relation to you: _____

Phone 1: _____ Phone 2: _____

Indemnity Agreement

I agree to defend, indemnify and hold Yokoji-Zen Mountain Center, its officers, employees, agents and volunteers harmless from and against any and all liability, loss, expense (including reasonable attorneys' fees), or claims for injury or damages arising as a result of my attendance of the above event at Yokoji-Zen Mountain Center, 58900 Apple Canyon Road, Mountain Center, CA 92561, and to reimburse Yokoji-Zen Mountain Center for any such incurred expenses.

Signature: _____ Date signed: _____

Print Name: _____