

**BUDDHIST TEMPLE of SAN DIEGO 2024 MEMBERSHIP FORM** (v. 1.1)

**A. Member Names(s)**

1:  Mr  Ms  Mrs \_\_\_\_\_

2:  Mr  Ms  Mrs \_\_\_\_\_

Second page for signatures, updates of contact info, or Credit Card if needed.

**B. Annual Dues**

Ind. = Individual      FC = Family (parent or parents with young children) or couple membership

<i>Level</i>	<i>Senior Discount*</i>		<i>Dana</i>		<i>Wisteria</i>		<i>Bodhi**</i>	
	<i>Ind.</i>	<i>FC</i>	<i>Ind.</i>	<i>FC</i>	<i>Ind.</i>	<i>FC</i>	<i>Ind.</i>	<i>FC</i>
<b>Amount</b>	180	360	336	576	600	1200		

\* Available for members 75 or older. \*\*Write in amount for **Bodhi**, open-ended for generous donors.

**C. Program Donations**

<i>Programs</i>	<i>Floral</i>	<i>Gardening</i>	<i>Minister's Assistants</i>	<i>Dharma School</i>	<i>Scholarships</i>	<i>TOTAL</i>
<b>Recommended</b>	40	40	40	20	20	<b>160</b>
<i>Or Other</i>						

Please total program donations in far-right column.

**D. Please Total B and C**

B + C = \_\_\_\_\_ 2024 Membership plus Program Donations

**E. Payment Frequency / *Payment Amount (We'll Do the Math)***

- All at once / 100% of total at D       Quarterly / 25% of total at D
- Twice / 50% of total at D       Monthly / 8.3% of total at D
- Other, same as last year.

**F. Payment Method**

- Check       PayPal (use donation link "GIVE" on Website)
- Credit/Debit detail as shown on form overleaf

**Form continues for signature, REQUIRED; updates or CC information, if needed. See following page**

Question? Call Member Chair Bill Teague at 619-248-3749 or Temple at 619-239-0896.  
Form significantly abbreviated. Full form still available; we can mail or download from website.

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**G. Member Information.**

**Member 1** Occupation: \_\_\_\_\_ Birthdate \_\_\_\_\_

Email address: \_\_\_\_\_ Preferred phone: \_\_\_\_\_

**Member 2** Occupation: \_\_\_\_\_ Birthdate \_\_\_\_\_

Email address: \_\_\_\_\_ Preferred phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**H. Newsletter Preferences:**  Print  Email  Both

**I. CREDIT CARD AUTHORIZATION if desired**

- **Members or sponsors paying by credit or debit card** are authorizing its use for automatic renewal with specific account information as follows.  
 I/we opt out of automatic renewal
- Members can change preferences at any time.

*If paying by credit or debit card, please complete this part of the authorization.*

\_Mastercard \_Visa \_AMEX Acct # \_\_\_\_\_ Expires (MM/YY) \_\_\_/\_\_\_

**Billing Address** (if different from your mailing address on the reverse, write street address and ZIP code.)

**REQUIRED: Authorized Signature**

Member 1. \_\_\_\_\_

Member 2. \_\_\_\_\_

*A percentage of your dues supports the Buddhist Churches of America or BCA, our national organization.*

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