

Rinzai Zen Mission
P O Box 791586
Paia, Maui, HI 96779

Last Name: _____ First Name (s): _____

Mailing Address: _____ City, ST Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____
(newsletter/notices will be emailed)

Membership Dues: _____ \$120 for family _____ \$60 Single person
 _____ Renew membership _____ New member

Donation: \$ _____ General Fund \$ _____ Building Fund

Please make check payable to: Rinzai Zen Mission

Mail to: Rinzai Zen Mission; P O Box 791586; Paia, Maui, HI 96779

I would like to volunteer for the following:

_____ Yard maintenance (water, weed, mow, rake leaves, etc)

_____ Building maintenance

___ Carpentry ___ Electrical ___ Painting ___ Plumbing

_____ I can provide other assistance _____

Please return this form