

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

Last Name: _____ First Name: _____

Spouse Last Name: _____ First Name: _____
(If different)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email (newsletters & notices): _____

Membership Dues: \$120.00 – family, per year \$60.00 Single person per year

Donation: \$ _____ Dues: \$ _____

Total enclosed: \$ _____ Check No. _____

Please make check payable to: Rinzai Zen Mission

Mail to:

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

Please return this form

Rinzai Zen Mission is a 501(c)(3) nonprofit organization.