



Rinzai Zen Mission

120 Alawai Road

P O Box 791586

Paia, Maui, HI 96779

Last Name: _____ First Name: _____

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

Phone (Home): _____ Cell: _____

Mailing Address: _____ City, ST Zip: _____

Email (newsletters & notices): _____

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

(Adult children living in the same household (or not) are considered a separate family)

Dues: \$ _____ Donation: \$ _____

Total enclosed: \$ _____ Check No. _____ Date of Check: _____

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

_____ Other assistance _____

Please return this entire form

*Rinzai Zen Mission is a 501(c)(3) nonprofit organization.
Your contribution is tax deductible to the extent allowed by law.*