

Rinzai Zen Mission

120 Alawai Road P.O. Box 791586 Paia, Maui, HI 96779

Membership Forms

Last Name:	First Name:
Spouse Last Name:	First Name:
Spouse Last 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 s	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 t	the following:
Cleaning of temple	e, kitchen, apartments, etc.
Yard maintenance	(water, weed, mow, rake leaves, etc.)
Building maintenar	nce:
Carpentry	Electrical Painting Plumbing
Other assistance _	

Please return this entire form