

*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, ST Zip: _____

Email (newsletters & notices): _____

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

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

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**

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 form