

Please attach photograph  
here



THE CLEAR WATER ZEN  
MEDITATION GROUP, INC.  
a non-profit corporation

Membership Application

1. Name \_\_\_\_\_ 2. Date of birth \_\_\_\_\_

2. Mailing address \_\_\_\_\_  
\_\_\_\_\_ ZIP code \_\_\_\_\_

3. Home telephone \_\_\_\_\_ 4. Work telephone \_\_\_\_\_

5. Cell \_\_\_\_\_ 6. Fax \_\_\_\_\_

7. email address: \_\_\_\_\_

8. Married? Yes \_\_\_\_\_ No \_\_\_\_\_. 9. Number of children \_\_\_\_\_

10. Occupation \_\_\_\_\_

11. Employer or school \_\_\_\_\_

12. Emergency contact \_\_\_\_\_ Their home  
phone \_\_\_\_\_ work phone \_\_\_\_\_ cell \_\_\_\_\_

13. Skills, hobbies \_\_\_\_\_

14. Do you have any physical limitations that might make sitting in  
meditation especially difficult? If yes, please describe \_\_\_\_\_

15. Have you ever attended a Zen sesshin?

16. Have you attended any Zen workshops or other introductory classes?  
If so, please describe \_\_\_\_\_

17. How did you hear about this Zen group? \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Signature

Please attach additional sheets as needed to answer fully. After you have  
been a member for awhile, please consider making a pledge! Thank you!