Sacramento Buddhist Women's Association

S B W A

MEMBERSHIP FORM

☐ Dr. ☐ Mrs. ☐ Ms. _____
First Name Middle Name/Initial Last Name

Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Mobile Phone: _____

E-mail: _____ Birthdate: _____/_____/_____

☐ $ 0 per member for age 80+ in 2022
Please return this form even though no payment is required.

☐ $10 per member
A paying member has voting privileges.

Amount Enclosed: $ _____ ☐ Cash ☐ Check

My preferred method of communication from the SBWA is:

☐ Email

☐ Letter

Please return the completed form and payment to:

Karen Adachi, SBWA
34 Riverstar Circle
Sacramento, CA 95831

Thank you for joining the SBWA!