

Sacramento Buddhist Women's Association Membership Application Form

Mrs. Ms.

First Name Middle Name (or Initial) Last Name

Address Apt.

City State Zip

Home Phone () Work Phone () Ext.

Birthday

Month Day Year

Membership Fee - \$10

Amount \$
 Cash Check

I would like to serve on a Committee Yes No
I would like to serve on the Board of Trustees Yes No

Special interests (please indicate)

Please send completed form to:

Sacramento Buddhist Women's Association
c/o Sacramento Buddhist Church
2401 Riverside Boulevard
Sacramento, CA 95818