

Date \_\_\_\_\_

**Buddhist Church of Lodi  
New Member Application Form**

**Member:**

Mr.  Mrs.

Ms.  Dr. \_\_\_\_\_  
Last Name First Name Middle Name

Birthdate: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Spouse:**

Mr.  Mrs.

Ms.  Dr. \_\_\_\_\_  
Last Name First Name Middle Name

Birthdate: \_\_\_\_\_

**Children** (please list children living at home):

Name	Birthdate	Relationship
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Membership dues are \$150.00 per year per adult. Please note on your check which year you are paying for, and send payment to the church office:

Buddhist Church of Lodi  
23 N. Stockton St.  
Lodi, CA 95242

If you have any questions, please feel free to contact the church office:

Phone: 209-368-5589

Email: [lodibuddhist@sbcglobal.net](mailto:lodibuddhist@sbcglobal.net)