

Please attach
photograph here.



Windhorse Zen Community

580 Panther Branch Rd Alexander, NC 28701
828-645-8001; e-mail windhorse@windhorsezen.org

Membership Application

In order to help us identify you, please attach a recent photograph (approximately passport-sized) to this application. Also, please enclose your completed initial membership contribution.

PLEASE PRINT CLEARLY

1. Name _____ 2. Date of Birth _____
(month/day/year)
3. Mailing Address _____
_____ Zip Code _____
4. Permanent address (if different) _____
_____ Zip Code _____
5. Telephones (H) (____) _____ (W) (____) _____
6. E-mail address _____
7. Marital status _____ 8. Number of children ____ Ages _____
9. Occupation _____
10. Employer or school _____
11. In emergency contact _____ Phones (H) (____) _____ (W) (____) _____
(name)



12. Describe any significant problems you are having with your back or legs. _____

13. Please describe any sesshin (Zen meditation retreats) you have attended or Zen instruction that you have received. _____

14. Have you attended an introductory workshop at Windhorse? _____
15. Please state why you wish to become a member of the Windhorse Zen Community. _____

Enclosed with this application is:

An initial membership contribution of \$ _____

My annual pledged amount is \$ _____

Signature _____ Date _____