



## Louisville Zen Center

P.O. Box 17532, Louisville, KY 40217-0532

Telephone 502-276-5738; e-mail louisvillezen@gmail.com

# Membership Application

Answer each question, using an additional sheet of paper if necessary. In order to help us identify you, **attach a recent photograph to this application**. Also, please enclose your completed pledge form and initial membership contribution. In order to keep the Center's membership records up to date, let us know of any changes when they occur.

**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) (\_\_\_\_) \_\_\_\_\_ (C) (\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_
6. E-mail address \_\_\_\_\_
7. Marital status \_\_\_\_\_ If married, name of spouse \_\_\_\_\_
8. Names and ages of children \_\_\_\_\_
9. Occupation \_\_\_\_\_
10. Employer or school \_\_\_\_\_
11. In emergency contact \_\_\_\_\_ Phone (H) (\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_  
(name)
12. Skills and hobbies (office, cooking, carpentry, professional, artistic, etc.) \_\_\_\_\_  
\_\_\_\_\_

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Please answer the following medical questions to help us understand any difficulties that may arise in your meditation practice. This information will be kept confidential. Please notify the group leader if any of your answers change after you submit this application.

13. Briefly describe any medical or psychiatric conditions you have that require regular care or medication.  
\_\_\_\_\_  
\_\_\_\_\_
14. List any hospitalizations or major surgeries you have had and give their approximate dates; also list any major organs missing. \_\_\_\_\_  
\_\_\_\_\_
15. List any medications you are currently taking under a doctor's prescription, and the reasons for their use.  
\_\_\_\_\_  
\_\_\_\_\_

(over)

16. Describe any significant problems you are having with your back or legs. \_\_\_\_\_  
 \_\_\_\_\_
17. Are you in psychotherapy at this time? \_\_\_\_\_
18. Please describe any present or past association with other religious or spiritual groups, including Buddhist groups. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
19. Please describe any sesshin (Zen meditation retreats) you have attended or private Zen instruction that you have received. \_\_\_\_\_  
 \_\_\_\_\_
20. If you have attended an Introductory Workshop at the Louisville or Rochester Zen Center, please give the date and location. \_\_\_\_\_  
 \_\_\_\_\_
21. If you have previously been a member of the Rochester Zen Center, please state when. \_\_\_\_\_  
 \_\_\_\_\_
22. Have you ever read *Three Pillars of Zen*, *Zen: Merging of East and West*, or *Zen: Dawn in the West*? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
23. If you currently do zazen (Zen meditation), please state how often and for how long. \_\_\_\_\_  
 \_\_\_\_\_
24. Please state why you wish to become a member of the Louisville Zen Center \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_

- Enclosed with this application are:
- (1) A recent photograph
  - (2) A completed pledge form
  - (3) An initial membership contribution of \$ \_\_\_\_\_

By signing and submitting this application for membership, I certify that I have read and agree to comply with the membership policy of the Louisville Zen Center . I also agree to follow the Center’s practice forms, customs, and etiquette, and abide by their ethical guidelines, code of conduct, and sexual harassment policies.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_