



# 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 \_\_\_\_\_

\*- We suggest that people contribute \$35-45 each month, or \$120 each quarter. At the same time, all are welcome regardless of financial resources.