
Date

Buddhist Church of Lodi

New Member Application Form

Member:

Last Name	First Name	M/I	DOB
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Phone	Cell Phone	Email
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Address

City	State	Zip Code
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Spouse:

Last Name	First Name	M/I	DOB
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Phone	Cell Phone	Email
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Children (living at home):

Name	DOB	Relationship
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Name	DOB	Relationship
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Name	DOB	Relationship
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Name	DOB	Relationship
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Membership dues are \$225 per year per adult. Please mail/deliver this application and your check to:

Buddhist Church of Lodi
23 North Stockton Street
Lodi, CA 95240

If you have any questions, please contact the church office at:

209-368-5589

office@lodibuddhist.net