



Madison Zen Center
1820 Jefferson St. Madison, WI 53711
Telephone 608-2554488; e-mail mzc@madisonzen.org

Membership Application

Please attach photograph here

Please answer each question, using an additional sheet of paper if necessary. In order to help us identify you, please attach a recent photograph (approximately passport-sized) to this application. Also, please enclose your completed pledge form and 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 (name) Phone (H) (W)
12. Skills and avocations (office, trade, professional, artistic, etc.)



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.

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 Madison or Rochester Zen Center, please give the date and location. _____

21. If you have previously been a member of the Madison 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 Madison Zen Center. _____



The Rochester Zen Center's Board of Trustees occasionally allows an organization such as the Buddhist Peace Fellowship to use the Center's mailing list. If you prefer to be excluded from such mailings, please check here.

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

Signature _____ Date _____