



GREAT MOUNTAIN ZEN CENTER MEMBERSHIP APPLICATION

Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone (Cell or Home): _____ (Work) _____

E-mail: _____

Membership is for Zen students who feel highly committed to the GMZC and to their spiritual practice. All potential members must have an interview with one of the teachers.

Benefits of membership includes the guidance of a Zen teacher, the study of koan collections, participation in dokusan or interviews, training and leadership participation in the Zen Center service positions. Members are encouraged to participate in at least one seven day retreat and two weekend retreats per year. Members receive a 20 % discount on sesshin retreats.

Fee: Monthly donation of \$65.00 or \$650.00 yearly.

Have you had previous meditation experience? _____

Where and for how long? _____

Who was your teacher? _____

What is your original (or previous) religious orientation? _____

Why are you interested in becoming a member of this Zen Center? _____

How did you hear about Great Mountain Zen Center? _____

We would like to know more about you

Date of Birth: _____ Marital status: _____

Do you have children? (Names and Ages) _____

Degrees and Areas of Study: _____

Work experience: (list 3 most recent jobs, including current)

Job Title	Name of Business	Responsibilities
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other work experience, interests or skills _____

Health:

Have you ever been in psychotherapy? _____ if so, when? _____

Have you ever been hospitalized for psychiatric treatment? _____

If so, when and why? _____

How would you rate your physical health (good, fair or poor)? _____

Please describe any allergies, special dietary or physical needs _____

Are there any other physical conditions we should be aware of? _____

In case of accident or serious illness, whom should we notify?

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

RELEASE

Member at the Great Mountain Zen Center may find some aspects of the program physically or mentally demanding. The program does include physical work and a vigorous daily schedule. I may freely decline to participate in any work that in my sincere judgment is dangerous to my health. I realize that I may consult with a teacher from the Center at any time to resolve any difficulties I might have. I will not leave the grounds of the Center during a program without consulting with a teacher.

I agree to release Great Mountain Zen Center from liability from any injury I suffer and to indemnify Great Mountain Zen Center for any injury to others caused by me.

Signature _____ Date _____