



**LAS VEGAS BUDDHIST SANGHA**  
**MEMBERSHIP FORM**  
4110 N. Martin Luther King Blvd.  
N. Las Vegas, NV 89032  
(702) 633-4810



Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Month & Day \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Birth Month & Day \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Home Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

Children (living at home)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Children interested in Dharma School? Yes \_\_\_ No \_\_\_

Emergency Contact: \_\_\_\_\_  
Name Relationship Phone

Previous Buddhist Temple affiliation \_\_\_\_\_ When \_\_\_\_\_

**Special Dates** (Example - Anniversary, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**Special Memorial Dates**

Name \_\_\_\_\_ Date \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_ Relationship \_\_\_\_\_

Yearly dues (\$20) enclosed \_\_\_\_\_

Signature(s) \_\_\_\_\_