



Order of Clear Mind Zen
Membership Application

Name: _____ Address: _____

City: _____ Zip: _____

Please check that applies:

Zen Center of Las Cruces Member

Virtual Member

Telephone: _____

Email: _____

Have you practiced Zen in a formal setting before, if so, where and for how long?

Have you taken the Precepts? If so where, when, and under whom?

Would you like to be a part of our email discussion group? Yes No

Would you be willing to volunteer? Yes No

What are your interests in Zen practice?

Are you interested in Social Action? If so, what area?

Our monthly dues are flexible, but we would like to see a regular offering.

Member: (suggested \$30.00 per month) (Sesshin and Zazenkai are included if membership is paid in full)

Virtual Member \$1.00 per month

How would you like to donate: Monthly () Quarterly () Semi-annually () Annually ()

Please sign, date, and return to: Rev. Harvey So Daiho Hilbert 3901 Sonoma Springs Ave. Apt. 1115 Las Cruces, NM 88011

Signed: _____ Date: _____

Thank you!