



Toronto Zen Centre
33 High Park Gardens
Toronto, Ontario M6R 1S8
Tel.: (416) 766-3400

Application for Membership

Name: _____ Fax: (_____)_____

Residence Telephone: (_____)_____ Work/Cell: (_____)_____

E-mail Address: _____

Street: _____ City: _____

Province: _____ Postal Code: _____ Date of Birth: _____

Married / Single: _____ Spouse's name (if applicable): _____

Names and ages of Children: _____

Emergency contact: Full Name _____ Relationship _____

Emergency contact: Cell _____ Home/Bus _____

Occupation: _____

Employer or School: _____

Skills, Avocations, or Hobbies: _____

Are you now, or have you been, associated with any other religious, spiritual, or body-mind group(s)/organization(s)? If yes, please give details.

Have you ever attended a Zen sesshin or had dokusan (private Zen instruction)? _____

If yes, please give details. _____

Have you ever attended an Introductory Workshop or Introduction to Practice conducted by Roshi Kapleau or one of his Dharma Heirs? _____ If so, please specify.

Have you read *The Three Pillars of Zen* or any other of Roshi Kapleau's books? _____

Do you do zazen? _____ How often? _____

Have you attended a teisho (Zen talk) by Roshi Henderson? _____

Why do you wish to become a member of the Zen Centre?

MEDICAL QUESTIONNAIRE

Please fill out the following medical questions. Zen training can be physically and psychologically rigorous. For this reason, we would appreciate it if prospective members would provide some basic health information.

This information is kept strictly confidential.

Do you have any medical problems at present? _____ (Please indicate any heart or other conditions.) If yes, please explain:

Are you under a physician's care? If yes, please explain. It commonly happens that someone has a significant medical problem such as hypertension or diabetes but is not seeing a doctor regularly or at all. A member with an uncontrolled chronic illness is a much greater risk to themselves and to the smooth running of an extended sitting. Therefore, please be sure to note if you have any such problems.

What medications do you take? *Medications are important for Roshi Henderson to know about. Side effects might include fainting, GI upset, and fatigue-symptoms which could easily be construed as simply passing makyo. People on insulin might go into insulin shock and require something to eat or drink; people with heart problems might have chest pain readily relieved with the nitroglycerin they carry.*

Are you allergic to any medications, insects, or foods? *Food allergies are important in menu planning and in warning members away from non-obvious ingredients in meals (e.g., a sauce thickened with corn starch). Insect allergies are very important in the warm months.*

Have you had any major operations that affect your strength, stamina, digestion, or flexibility? *It is not necessary to mention an appendectomy, tonsillectomy, pelvic surgery, or minor surgery.*

Are you now, or have you ever been, in treatment for a significant mental health problem? *It is not necessary to mention brief counseling or psychotherapy for grief, situational depression, marital problems, etc. However, please indicate whether you have been involved in long-term treatment with psychiatrists, psychologists, social workers, or other types of counselors.*

Do you currently use recreational drugs? If yes, please specify.

The Toronto Zen Centre is a non-profit Zen Buddhist religious organization. The Zen Centre's charitable work is supported solely through the donations of its members and friends. In order to help meet the maintenance costs of our building, as well as to support our weekly scheduled activities ó including the livelihood and ongoing Dharma work of the teacher ó each member is asked to make a monthly pledge, with a suggested level of \$50.00. *Any extra donations above and beyond that are greatly appreciated* and will help facilitate the growth of the Centre and the work of the Sangha.

Anyone on a reduced income may provide a member's pledge in a level that they can afford, or change it as their circumstances allow (by notifying the office). As a tax exempt religious organization *all donations are tax deductible*, with annual charitable donation receipts prepared at the end of our fiscal year, December 31. Such receipts (for income tax returns) are forwarded to members by the end of February in the following year.

In order to facilitate the handling of pledged charitable donations, eliminate any confusion over skipped months, and help save the Centre valuable office work, we ask that a member provide their total annual pledge (divided into any number of post-dated items) at the beginning of each year. Members may alternatively provide a monthly, quarterly or annual pledge via *Paypal* or *Interac* (contact the office for more info).

In the case of new members, the date of their initial membership donation should reflect the starting period of their membership. Cheques can be post-dated monthly, quarterly, or semi-annually, using any day of the month. Of course new members may also make an annual donation, and prorate their initial amount for the remaining portion of the year.

\$_____ Monthly / Quarterly / Semi-Annual / Annual donation.

I am donating via: *Cheques / Cash / Paypal / Interac*

Please circle your preferred method of donating, and if providing cheques please enclose your total annual pledge with this application.

Signature _____ Date _____