

# BUDDHIST CHURCH OF SAN FRANCISCO MEMBERSHIP QUESTIONNAIRE

Please provide your contact information:

Name(s): \_\_\_\_\_ Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Household Email Address: \_\_\_\_\_

Please provide an Emergency Contact:

Cell Phone (indicate whose cell it is): \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

The Geppo is now available online at [www.bcsfweb.org](http://www.bcsfweb.org). Please select one of the following options:

Please continue mailing a printed copy of the Geppo to my home

No need to mail me the Geppo, I will read it online

Please list yourself and all individuals living at the above address, this information will help us with planning for the future.

*First Name*                      *Middle Name*                      *Last Name*                      *Gender (M/F)*                      *Year of Birth*                      *Relationship*

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

Please indicate any of the temple groups, committees or affiliated organizations in which you or your family listed above currently participate:

Board of Directors       B.W.A.       Dharma School       M.A.P.       B.E.C.       Choir       Y.B.A.       Y.A.B.A.

Chicken Bento Committee       Ginza Bazaar Committee       Other(s) \_\_\_\_\_

Soko Gakuen  \_\_\_\_\_ Scouts  Troop? \_\_\_\_\_ Scouts  Troop? \_\_\_\_\_ Scouts  Troop? \_\_\_\_\_

YAO  Team? \_\_\_\_\_ YAO  Team? \_\_\_\_\_ YAO  Team? \_\_\_\_\_

What other activities or programs are you interested in? \_\_\_\_\_

\_\_\_\_\_

**Please tell us a little about yourself and your family:**

*Have you been affirmed/received your Buddhist name (if so, when and where) ?* \_\_\_\_\_

*Have you commemorated any special events at BCSF (births, marriages, commitment ceremonies, anniversaries)?* \_\_\_\_\_

**Do you have adult children, relatives or friends that would be interested in becoming members of BCSF? If so, please provide contact information.**

*First Name                      Last Name                      Gender (M/F)                      Relationship                      Address*

1) \_\_\_\_\_

2) \_\_\_\_\_

**If your adult children are members of any other Buddhist Temple, please list their family name and the temple they attend:**

*First Name                      Last Name                      Gender (M/F)                      Year of Birth                      Relationship                      Temple?*

1) \_\_\_\_\_

2) \_\_\_\_\_

**Past family member information:**

*What year did your family affiliation to BCSF begin? \_\_\_\_\_ Who was the first person from your family to join the temple? \_\_\_\_\_*

**If your parents, grandparents or great grandparents were members of BCSF or another Buddhist temple, please list their names below**

*First Name                      Last Name                      Gender (M/F)                      Relationship                      Year of Birth                      Year of Death                      Temple?*

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

*For new members, what brought you to BCSF?* \_\_\_\_\_

\_\_\_\_\_