



LAS VEGAS BUDDHIST SANGHA
MEMBERSHIP FORM
3536 N. Connell Street
Las Vegas, NV 89129
(702) 869-0557



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 ___

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) _____