

TTZC Membership Form

I want to be a **Patron of TTZC.**

— Here is my payment of \$65/month or \$780/year

I want to be a **Regular Participant of TTZC.**

— Here is my payment of \$45/month or \$540/year

I want to be a **Senior/Student Participant of TTZC.**

— Here is my payment of \$25/month or \$300/year

I want to be a **Affiliate of TTZC.**

— Here is my payment of \$25/month or \$300/year
(for those outside the area or who cannot attend regularly)

I want to be a **Provisional Participant** (2-3 months only).

— Here is my payment of \$15/month

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

email: _____

Make checks payable to **Three Treasures Zen Community** and mail to **TTZC, P.O. Box 720896, San Diego, CA 92172**