Dharma Guardian Program

Application Form

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| Name in full: |       |
| Address: |       |
| City: |       | State/Province: |       | Zip/Postal Code: |       |
| Phone(s):  |       | Email: |       |
| Date of Birth (m/d/yy):  |       | Gender: | [ ]  Male | [ ]  Female |
| Occupation: |       |
| Nationality: | [ ]  USA | [ ]  Canada | [ ]  Mexico | Other:       |
| Buddhist Affiliation: |
|  [ ]  Zen Buddhist Temple-Ann Arbor |  [ ]  Zen Buddhist Temple-Chicago |
|  [ ]  Zen Buddhist Temple-Mexico |  [ ]  Zen Buddhist Temple-New York |
|  [ ]  Zen Buddhist Temple-Toronto |  [ ]  Other: |
| Last School Attended & Year: |       |
| Please describe your Buddhist background, education and experience:       |
| Do you currently suffer from any physical illness: If yes, please describe.       |
| Are you currently on any medication?  | [ ]  Yes | [ ]  No |
| If yes, please describe:       |
| Why do you wish to enter the Dharma Guardian Program?       |
| Emergency contact:       | Relationship:       |
| Phone(s):       | Email:       |
| Applicant signature:       | Date (m/d/yy):       |

**For Office Use**

|  |  |  |
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| Membership date:       | Precept-Taking date:       | Tuition payment date:      |
| Term accepted: | [ ]  September 5 | [ ]  January 15 |