

Kagyü Thubten Choling Membership Enrollment Form

To become a member of one of KTC's affiliated centers please contact a center near you directly. See List of affiliated centers on our website www.kagyü.com

I would like to become a member and am selecting the following membership plan:

<u>Membership Plan</u>	<u>Individual</u>	<u>Family**</u>
Basic (Annual)	<input type="checkbox"/> \$240	<input type="checkbox"/> \$360
Basic (Semi-Annual)	<input type="checkbox"/> \$130	Not Available
Basic (Quarterly)	<input type="checkbox"/> \$70	Not Available
Basic (Monthly)	<input type="checkbox"/> \$25	Not Available
Five-Year (single payment)	<input type="checkbox"/> \$1,100	<input type="checkbox"/> \$1,700
5-Year* (12 monthly payments)	<input type="checkbox"/> \$100 X 12 = \$1,200	<input type="checkbox"/> \$150 X 12 = \$1,800
Ten-Year (single payment)	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$3,000
10-Year* (12 monthly payments)	<input type="checkbox"/> \$175 X 12 = \$2,100	<input type="checkbox"/> \$260 X 12 = \$3,120
Lifetime (single payment)	<input type="checkbox"/> \$3,500	<input type="checkbox"/> \$5,000
Lifetime* (12 monthly payments)	<input type="checkbox"/> \$300 X 12 = \$3,600	<input type="checkbox"/> \$425 X 12 = \$5,100
Lifetime* (24 monthly payments)	<input type="checkbox"/> \$155 X 24 = \$3,720	<input type="checkbox"/> \$220 X 24 = \$5,280

* For monthly payment plans, please provide your credit card information below. Benefits of the plan will go into effect when the full amount has been paid. During the payment plan you will receive basic membership benefits.

** Family memberships only apply to people living in the same household.

Name _____ e-mail _____
 Address _____
 City _____ State _____ Zip _____
 Phone: day _____ eve _____ cell _____

For Family Plans Only: Please include the following family members. (Include only members of the same household)

Name _____ Relationship _____
 Name _____ Relationship _____
 Name _____ Relationship _____

I do not wish to become a member but would like to make a donation of \$ _____

I'm enclosing a **check, in US funds, made out to Kagyü Thubten Choling or KTC.**

Please charge my Visa or MasterCard Charge Amount \$ _____

This is a one-time charge This is an on-going monthly charge

Print Name as it appears on card _____

Card number _____ / _____ / _____ / _____ / Expiration _____ / _____

Signature _____ Today's date _____

IMPORTANT: For your protection, do not email your credit card information. Send it by mail to: Kagyü Thubten Choling, 245 Sheafe Road, Wappingers Falls, NY 12590 USA, or fax it to (845) 297-5761.