



# Sacramento Buddhist Women's Association

# SBWA

## MEMBERSHIP FORM

Dr.  Mr.  Mrs.  Ms. \_\_\_\_\_  
First Name Middle Initial Last Name

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

\$ 0 per member for age 80+ in 2024  
*Please return this form even though no payment is required.*

\$10 per member  
*A paying member has voting privileges.*

Amount Enclosed: \$ \_\_\_\_\_  Cash  Check

Please write your check payable to: *Buddhist Church of Sacramento*  
In the memo section of the check, please write *SBWA*.

My preferred method of communication from the SBWA is:

Email

Letter

Please return the completed form and payment to:

Karen Adachi, SBWA  
34 Riverstar Circle  
Sacramento, CA 95831

Thank you for joining the SBWA!