**Zen Center of Denver**

1856 S. Columbine Street

Denver, CO 80210

303-455-1500

office@zencenterofdenver.org

**Membership Application**

1. Name:

2. Date of birth:

3. Mailing address:

4. Phone number:

5. Email:

6. Relationship status:

7. Partner's name:

8. Number of children:

9. Names/ages:

10. Present occupation:

11. Employer or school:

12. Skills/hobbies (e.g. office skills, cooking, sewing, music, gardening):

*To help you in your practice, we need to be aware of any pre-existing physical, medical or other conditions that may affect your sittings. This information is voluntary and your answers will be kept confidential.*

13. Do you have any physical problems (e.g. back pain, arthritis, injuries, recent surgeries) we should be aware of that could affect your zazen practice?

14. Do you have any medical conditions (e.g. diabetes, epilepsy) we should be aware of that could affect your zazen practice?

15. Do you have any mental health issues (e.g. anxiety, PTSD, depression) we should be aware of that could affect your zazen practice?

16. Are you or have you ever been associated with any other religious, spiritual or body-mind groups or organizations, including other Buddhist groups? If yes, please give details:

17. Have you ever attended a Zen sesshin or had dokusan (private Zen instruction)? If yes, please give details:

18. Have you attended the Zen Center of Denver's introductory seminar? If so, when?

19. Why do you wish to become a member of the Zen Center of Denver?

20. Is there anything else you would like us to know?