DDM Three Refuge Application

				D	ate:/	_/			
	Last Name	First N	ame	Middle Ini		tial			
(Photo here)	Date of Birth			Gender					
	(mm/dd/yy)/_	/			□ Fen	nale			
	Location for Taking H	 Refuge		iviale	1 011	luie			
	Chan Meditation Center, New York								
	Other (Please Specify)								
	Dharma Name								
	(Do not write the box	on the rig							
Telephone : Home	Office	Cel	1		Fax				
()	()	()		()				
E-mail Address:									
Mailing Address:									
Street		City		State	Zip Code				
Employer Name		•	Title	e of Position					
School Name		Major Field of Study							
Specialties									
Who Referred you here?									
Have you taken refuge	e before?		If yes, please list the dharma master(s):						
□ Yes □ No									
The deepest impressio	on of Buddhism books:								
Short history of study or participation of the Buddha dharma:									
Are you on the Chan Ma	agazine newsletter mailin	g list?	If no. we	uld vou like	to be on the mai	ling list?			
□ Yes □ No			□ Yes						
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If you would like to do some volunteer work, please indicate time available & work desired:

	Sunday	Monday	Tuesday	We	ednesday	Thursday	Friday	Saturday	Holiday		
Morning											
Afternoon											
Evening											
□ Collation					Help with Magazine/Newsletter Mailing						
□ Editing					□ Kitchen Work						
□ Interview and event reporting					Stage Setting for Lectures						
Transcribing Lecture tapes					□ Cleaning						
Taking minutes					□ Sewing						
Art Design, Advertisement					Receptionist						
Filing / Clerical Work					□ Other						
Computer Data Entry											