



Toronto Zen Centre
33 High Park Gardens
Toronto, Ontario M6R 1S8
Tel.: (416) 766-3400

Trial Membership/Friend of the Centre Application

Please check only one:

Trial Membership _____

Date of Workshop _____

Date Application Submitted _____

Name _____

Mailing Address _____

Residential Phone number (with area code) _____

Business/Cell Phone number (with area code) _____

Fax Number (with area code) _____

E-Mail address _____

Friend of the Centre _____

Please list me in your Sangha Directory _____yes _____no

Do you have any significant medical problems which might affect your participation in activities at the Toronto Zen Centre? If yes, please explain. (Please note that all medical information is kept confidential.)
