

Membership Application

Name: _____		Birthdate: _____
Street: _____		
City: _____	State: _____	Zip: _____
Phone: _____		Email: _____

Do you wish to be on mailing list? If "yes", preferred method yes <input type="checkbox"/> No <input type="checkbox"/> Digital <input type="checkbox"/> or Printed <input type="checkbox"/> via email Copy	Family Names:
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Membership fee Submitted \$ _____	Date: _____	Who invited you to the cause? (Print)
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(Office use)
Group


REIYUKAI AMERICA
 2108 N St., #8506 Sacramento, CA 95816
 Tel:(747)-228-3367 Email:reiyukai@reiyukai-usa.org

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