

KOYASAN BEIKOKU BETSUIN OF LOS ANGELES

342 E. 1st Street, Los Angeles, CA 90012

Phone 213-624-1267 • www.koyasanbetsuin.org • lakoyasan@yahoo.com

MEMBERSHIP APPLICATION

April 1, 2025 – March 31, 2026

All members must complete this application. See the membership letter for additional information.

Please print legibly and check the appropriate boxes

Renewal 更新 New Member 新規会員 Update Member Information 情報の更新 Remove from Mail List 削除

Primary Member

Mr. Mrs. Miss Ms. Dr. Prof. Rev.

Name in English Characters ローマ字				
Last Name	First Name	Middle Name	Birth Date (Optional)	
Name in Kanji/Japanese Characters 漢字名				
姓	名	ミドルネーム		
Address		City	State	Zip Code
Cell	Phone		Email	

Additional Member

Mr. Mrs. Miss Ms. Dr. Prof. Rev.

Name in English Characters ローマ字			
Last Name	First Name	Middle Name	Birth Date (Optional)
Name in Kanji/Japanese Characters 漢字名			
姓	名	ミドルネーム	Relationship

Dependent Member(s)

Name in English Characters ローマ字			
Last Name	First Name	Middle Name	Relationship
Name in Kanji/Japanese Characters 漢字名			
姓	名	ミドルネーム	
Name in English Characters ローマ字			
Last Name	First Name	Middle Name	Relationship
Name in Kanji/Japanese Characters 漢字名			
姓	名	ミドルネーム	

Dues, donations, and contributions received from members are used for Temple maintenance, operations, activities and events.

Dues:	
<input type="checkbox"/> Dues Already Paid and Submitted 既に納付済	
<input type="checkbox"/> Membership Dues 会費 (\$150)	\$
<input type="checkbox"/> Additional Member Dues 追加会費 (\$100)	\$
<input type="checkbox"/> Dues will be paid in quarterly installments of 四半期払い	\$
Additional Donations:	
<input type="checkbox"/> Temple Renovation/Maintenance Fund (Kihonkin) 寺院改修及びメンテナンス(基本金)	\$
<input type="checkbox"/> General Fund 一般基金	\$
<input type="checkbox"/> Other その他: _____	\$
Total Amount Enclosed (Dues and/or Donations)	\$

Check No. _____ Cash

※ Please make check payable to **Koyasan Beikoku Betsuin of L.A.**

Are you interested in Volunteering? ボランティアとしてご協力いただけますか？

Yes はい No いいえ

Do you read or write any additional languages? 他の言語の読み書きができますか？

If yes, please list. はいの場合、ご記入ください: _____

Would you be interested in receiving the Jiho (temple quarterly newsletter) electronically?

寺報の電子配信を希望しますか？ Yes はい No いいえ

Are you interested in the following activities?

L.A. Daishiko – Monthly service (in Japanese) at Noon including potluck lunch held at LA Location

Harbor Daishiko – Monthly service (in English) at 4 pm including potluck dinner held at the Harbor City location 1306 W 243rd St, Harbor City, CA 90710

Tea with the Reverend

Taiko 太鼓

Yoga ヨガ

Sutra Tracing 写経

Japanese Calligraphy 書道

Japanese Language 日本語

Sutra Chanting お経の練習

Goeika 御詠歌

Cub/Boy Scouts

Member Signature: _____ Date: _____

For Office Use Only

Date application received: _____ Initials: _____

Payment Received: _____ Cash/Check No.: _____ Amount: \$ _____ Initials: _____