

Palpung Thubten Choling Membership Enrollment Form

I would like to become a member of PTC under the following membership plan (select one):

<u>Membership Plan</u>	<u>Individual</u>	<u>Family**</u>
Basic (Annual)	<input type="checkbox"/> \$240	<input type="checkbox"/> \$360
Basic (Semi-Annual)	<input type="checkbox"/> \$130	Not Available
Basic (Quarterly)	<input type="checkbox"/> \$70	Not Available
Basic (Monthly)	<input type="checkbox"/> \$25	Not Available
Five-Year (single payment)	<input type="checkbox"/> \$1,100	<input type="checkbox"/> \$1,700
5-Year* (12 monthly payments)	<input type="checkbox"/> \$100 X 12 = \$1,200	<input type="checkbox"/> \$150 X 12 = \$1,800
Ten-Year (single payment)	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$3,000
10-Year* (12 monthly payments)	<input type="checkbox"/> \$175 X 12 = \$2,100	<input type="checkbox"/> \$260 X 12 = \$3,120
Lifetime (single payment)	<input type="checkbox"/> \$3,500	<input type="checkbox"/> \$5,000
Lifetime* (12 monthly payments)	<input type="checkbox"/> \$300 X 12 = \$3,600	<input type="checkbox"/> \$425 X 12 = \$5,100
Lifetime* (24 monthly payments)	<input type="checkbox"/> \$155 X 24 = \$3,720	<input type="checkbox"/> \$220 X 24 = \$5,280

* For monthly payment plans, please provide your credit card information below. During the payment plan you will receive basic membership benefits. If other than the basic plan, full benefits will go into effect when the full amount has been paid.

** Please note: family memberships apply only to people living in the same household.

Name _____ e-mail _____
 Address _____
 City _____ State _____ Zip _____
 Phone: day _____ eve _____ cell _____

For Family Plans Only: Please include the following family members. (Include only members of the same household)

Name _____ Relationship _____
 Name _____ Relationship _____
 Name _____ Relationship _____

I do not wish to become a member at this time, but would like to make a donation of \$ _____

I'm enclosing a **check, in US funds, made out to Palpung Thubten Choling or PTC.**

Please charge my Visa MasterCard Charge Amount \$ _____

This is a one-time charge This is an ongoing monthly charge

Print Name as it appears on card _____

Card number _____ / _____ / _____ / _____ / Expiration _____ / _____

Signature _____ Today's date _____

IMPORTANT: For your protection, do not email your credit card information. Send it by mail to:
 Palpung Thubten Choling, 245 Sheafe Road, Wappingers Falls, NY 12590 USA, or fax it to (845) 297-5761.