

Palpung Thubten Choling Membership Enrollment Form

To become a member of one of PTC affiliated centers please contact a center near you directly. See [List of affiliated centers](#) on our website www.palpungny.org

I would like to become a member and am selecting the following membership plan:

<u>Membership Plan</u>	<u>Individual</u>	<u>Family**</u>
Friend Level	<input type="checkbox"/> \$108	Not applicable
Supporter Level	<input type="checkbox"/> \$150	Not Available
Partner Level	<input type="checkbox"/> \$240	Not Available
Family Level	<input type="checkbox"/> Not Available	\$280
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. Benefits of the plan will go into effect when the full amount has been paid. During the payment plan you will receive basic membership benefits.

** Family memberships only apply 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 but would like to make a donation of \$ _____

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

Please charge my Visa or MasterCard Charge Amount\$ _____
 This is a one-time charge This is an on-going 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.**