Three Refuge Application

Date: \_\_\_\_\_\_Y M D

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|  ( Photo here ) |  Last Name First Name Middle Initial   |
|  Date of Birth (mm/dd/yy) \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ | Gender  |
| Location for Taking Refuge* Tallahassee Chan Center
* Other (Please Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| Three Refuge presenter: | (Do not write the box on the right) |  Dharma Name |
| Telephone：Home( ) |  Office ( ) | Cell( ) | Fax( ) |
| E-mail Address: |
| Mailing Address: Street City State Zip Code  |
| Employer Name | Title of Position |
| School Name | Major Field of Study |
| Specialties |
| Who referred you here? |
| Have you taken refuge before? □ Yes □ No | If yes, please list the dharma master(s): |
| The deepest impression of Buddhism books: |
| Short history of study or participation of the Buddha dharma:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are you on the Tallahassee Chan email list? □ Yes □ No | If no, would you like to be on the email list?□ Yes □ No |