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)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| 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 | | | |