



# Kansas Meditation Center

## Membership Form



### Membership Pledge Categories

I wish to join Kansas Meditation Center with the following commitment.

(Please check your membership choice below):

Name:	_____			
Address:	_____	City: _____	State: _____	Zip: _____
Phone:	_____			
Email:	_____			
Signature:	_____			

	<b>Per Month</b>	<b>Per Calendar Year</b>
<input type="checkbox"/>	\$10	\$120
<input type="checkbox"/>	\$20	\$240
<input type="checkbox"/>	\$25	\$300
<input type="checkbox"/>	\$30	\$360
<input type="checkbox"/>	\$50	\$600
<input type="checkbox"/>	\$100	\$1200
<input type="checkbox"/>	\$_____ (write in your own membership pledge)	
<input type="checkbox"/>	I do not wish to become a member at this time, but I would like to donate: \$ _____	

### **Payment can be made using one of the following methods of payment:**

- Online via PayPal at [www.kansasmeditationcenter.org](http://www.kansasmeditationcenter.org)
- Paper Check & Money Order Payments.

**Please make checks payable to: "Kansas Meditation Center".**

**Please mail your form and check payment to:**

Kansas Meditation Center  
PO Box 8654  
Wichita, KS 67208

Please call us at 405-600-4832 if you have any questions.