

JODO SHINSHU CORRESPONDENCE COURSE APPLICATION

Asterisk = required

1. Mr.____ Miss__ Mrs.____ Ms.____ Dr.____
2. Last Name*_____ First Name*_____
3. Mailing Address_____
4. E-mail Address*_____
5. Day Telephone *_____ Evening_____
6. Date of Birth: month____/day____/year____
7. Gender: male____ female____
8. Affiliated Temple_____
9. Payment by: Check (please make payable to CBE-JSCC)
 Credit Card (through Paypal)
10. Amount of knowledge aquired/degree of study completed in:
Buddhism_____
- Jodo Shinshu_____
11. Participation Goal_____
12. Signature*_____ Date:_____

I wish to apply for participation in the Jodo Shinshu Correspondence Course of the term beginning March 1, 2009.

Please send application and payment to:
Jodo Shinshu Correspondence Course Office, Jodo Shinshu Center
2140 Durant Ave., Berkeley, CA 94704-1589 USA

Tel: 510.809.1441 Fax: 510.809.1459 E-mail: JSCC@bce-bca.org
(office hours: 9:00 am – 5:00 pm PST)

On-line application is also available: www.cbe-bca.org/course/index.php