

JODO SHINSHU CORRESPONDENCE COURSE APPLICATION - FALL ENROLLMENT

1. Mr.____ Miss__ Mrs.____ Ms.____ Dr.____ *required
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)
 Paypal (credit card / Paypal account)
10. Amount of knowledge acquired/degree of study completed in:
Buddhism_____
- Jodo Shinshu_____
11. Participation Goal_____
12. Comment_____
13. Signature* _____ Date:_____

I wish to apply for participation in the Jodo Shinshu Correspondence Course of the term beginning **September 1, 2010**.

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 during application periods only.