

BRUNSWICK/PORTLAND CENTER

Membership is a way to express appreciation for what Shambhala provides and help make it

available to others. We invite you to join us in this effort with your contributions in three key

areas: practice and study, service and financial support.

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*Name Date of Birth*  
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*Street Address*

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*City/Town State Zip*

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*Primary phone cell phone work phone*

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*Email address Occupation*

What information would you like to receive fromBrunswick/Portland Shambhala Center?

Please add my name to the Shambhala Center email list for notices of programs and events.

I would like information about Shambhala programs for children and families.

I would like to meet with a Meditation Instructor.

***Volunteering at the Center***

You are invited to contribute volunteer service at the center as your circumstances permit.

Please visit the volunteer page on our website to let us know what volunteer areas interest you.

***Financial Contribution***

Your financial contribution helps sustain the activity of Shambhala, allowing us to offer meditation,

community events, and courses throughout the year. Our members have diverse means and

so they can offer a wide range of monthly dues. **No one is excluded from membership**

**because of money**.

While we do not have set levels of membership dues, we do have a few ways for you to think about the right level of support to fit your inspiration and your finances.

Each $11 per month contributed allows us, at the end of the year, to purchase one new meditation cushion set.

Daily operating expenses (combined Brunswick Portland) = $69/day

($5.75/month would cover one day of operating expenses a year);

Current number of members (2014): **74**; Average dues payment: $22/month.

I would like to contribute $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per month, via:

Automatic withdrawal from my bank account (voided check enclosed)

Credit card:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name on card Visa or Mastercard?*

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*Card number mm yy*

I authorize the Shambhala Center to make automatic withdrawals from my account for the amount

stated above.

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*Signature Date*

*Please mail this completed form to: Colleen Begley, 19 Mason St., Brunswick, Maine 04011*

***Thank you.***

**http://brunswickmaine.shambhala.org/**