



CHICAGO ZEN CENTER  
 2029 Ridge Avenue, Evanston, IL 60201  
 Phone 847-475-3015

**MEMBERSHIP APPLICATION**

Please answer each question, using an additional sheet of paper if necessary. In order to help us identify you, please attach a recent photograph. Enclose at least one month's dues with this application.

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Email Address \_\_\_\_\_

Marital status \_\_\_\_\_ Number of children & ages \_\_\_\_\_

Occupation \_\_\_\_\_ Employer or school \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

**Medical:** Answer the following in detail. All information should be current, specific, and clearly stated. This information will be kept confidential. Briefly describe any medical or psychiatric conditions you have that require care or medication & list any prescription medications you are currently taking:

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

Are you in psychotherapy at this time?  Yes  No

List hospitalizations or major surgeries you have had in the past five years:

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

Describe any other physical or mental condition, such as pregnancy, current infections, communicable diseases or chronic headaches, and list any dietary restrictions/requirements or food or other allergies that might affect you, and give some indication of their seriousness (for example, briefly describe the medical condition diagnosed or your reaction to the food.)

Why do you wish to become a member of this Center?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_