



TAO MEMBERSHIP FORM

Email: TempleoftheAncientOnes@ymail.com

MAILING: TAO, 203 Harts Bridge Rd, JACKSON, TN 38301

_____ NEW MEMBERSHIP
_____ RENEWAL

Full Legal Name: _____ Date of Birth: _____

Home Address: _____
Street Address City State/Province Country Zip/Postal Code

Mailing Address: _____
Street Address/P.O. Box City State/Province Country Zip/Postal Code

Telephone: _____ Cell Phone: _____

Email Address: _____

LIST NAMES AND BIRTHDATES FOR EACH FAMILY MEMBER

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

PLEASE CHECK THE AREAS THAT YOU ARE WILLING TO ASSIST WITH

- | | | |
|---|--|---|
| <input type="checkbox"/> Writing for Publications | <input type="checkbox"/> *Gathering Set-up & Clean-up | <input type="checkbox"/> Hospital Ministry |
| <input type="checkbox"/> *Office Work | <input type="checkbox"/> *Buildings & Grounds assistance | <input type="checkbox"/> Community & Outreach efforts |
| <input type="checkbox"/> Family & Childrens' Services | <input type="checkbox"/> *Teaching | <input type="checkbox"/> Assisting at Festivals |
| <input type="checkbox"/> Assisting at Worship | <input type="checkbox"/> Prison Ministry | <input type="checkbox"/> *Meet & Greet |

Items with an asterisk () require you to volunteer at the TAO Temple in Jackson, TN*

*****Please list your area(s) of expertise if interested in teaching*****

We appreciate the time and effort given to the church by our volunteers. Please list the areas you are interested in helping with. Give a realistic estimate of your participation, with 5 being regular participation and 1 being infrequent participation.

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ANNUAL MEMBERSHIP DUES

- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> \$250.00 | Family: 2 adults + children |
| <input type="checkbox"/> \$180.00 | Single Family: 1 adult + children |
| <input type="checkbox"/> \$200.00 | Couples: 2 adults |
| <input type="checkbox"/> \$120.00 | Individuals |

PAYMENT OPTIONS

- | | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Monthly Payment |
| <input type="checkbox"/> | Quarterly Payment |
| <input type="checkbox"/> | Annually |

PAYMENT METHODS

NOTE: A \$5.00 PROCESSING FEE IS ADDED TO ALL CREDIT CARD TRANSACTIONS

Please charge my credit card Visa Mastercard Discover American Express

Card Number: _____ Expiration Date: _____

Security Code (on back): _____ Name as it appears on card: _____

Billing Address (if different from above): _____

