



# TAO MEMBERSHIP FORM

Email: [TempleoftheAncientOnes@ymail.com](mailto: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

### PAYMENT OPTIONS

- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| <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                       |

- |                          |                   |
|--------------------------|-------------------|
| <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): \_\_\_\_\_

