



Surname: ..... First Name: .....

**ADDRESS**

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Number and street: .....

City: ..... Postcode: ..... Country: .....

Phone number: ..... Email: .....

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Occupation: .....

Dojo: ..... Date: .....

I am ordained:  Monk,  Nun,  Bodhisattva  
 Contributing Member (5€)  Donating Member (Min 100€)

Members accept that the information given will be used to contact them again and to send them the Association's newsletter. The information collected for membership in the ABZE is only intended for internal use within the ABZE and will not be shared.

**To be returned to: ABZE, 27-29 Avenue Jean Médecin, 06000 NICE, with your payment, thank you.**

A teaching  
**rooted**  
in the Way  
of the Buddha.

A practice  
**involved**  
in the  
community.

An  
**open**  
sangha to  
welcome you.

**ABZE**  
*chez yuno*

