

# Charlotte Community of Mindfulness Membership Request

PO Box 38325 Charlotte, NC 28278

[www.charlottemindfulness.org](http://www.charlottemindfulness.org)

Charlotte Community of Mindfulness (CCM) offers the option of core community and extended community memberships. **Core membership** is for persons who have been engaged participants with CCM for at least a year, and who wish to make a formal commitment to CCM. **Extended community membership** is for those who do not wish to take on the responsibilities of a Core Member or who do not meet the criteria for core membership status.

Complete the parts below that are appropriate to the type of membership to which you aspire. Give the form to a practice leader, or mail it to Charlotte Community of Mindfulness, PO Box 38325, Charlotte, NC 28278.

## Type of Membership (select one):

Core Community

I have been an engaged participant with CCM for at least a year. I wish to formally express my commitment as a Core Community Member of the Charlotte Community of Mindfulness.

Extended Community

I wish to formally associate myself with the Charlotte Community of Mindfulness, to practice with and otherwise support the work of CCM, but I do not wish to take on the responsibility of a Core Community Member at this time, or, I do not qualify for core community membership at this time.

## Contact Information:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell or other phone: \_\_\_\_\_

Email: \_\_\_\_\_ Birthday: \_\_\_\_\_

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

## Refuge Vows and Mindfulness Trainings (select one):

I received refuge vows and the Five Mindfulness Trainings/precepts from \_\_\_\_\_  
on \_\_\_\_\_ at \_\_\_\_\_.

Name given: \_\_\_\_\_

The teacher/preceptor above is ordained in \_\_\_\_\_ tradition/order.

I received the Fourteen Mindfulness Trainings from \_\_\_\_\_  
on \_\_\_\_\_ at \_\_\_\_\_.

Name given: \_\_\_\_\_

I have not taken refuge and/or precepts/mindfulness trainings. I have no current plan when I might do so.

I plan to receive refuge vows and mindfulness trainings/precepts from \_\_\_\_\_  
at/on \_\_\_\_\_.

## Charlotte Community of Mindfulness Section

Form received by (person) \_\_\_\_\_ on (date) \_\_\_\_\_

Signature and date when certified for CCM: \_\_\_\_\_