

NST MONTHLY Subscription Application

Name _____

Address _____

City _____ State _____ Zip + 4 digits - - - - - + - - - - -

Phone _____ Email Address _____

Please check one:

___ [**Quarterly**] Please send me ___ subscription(s). Enclosed is **\$9.00** for each.

___ [**Semi-Annual**] Please send me ___ subscription(s). Enclosed is **\$18.00** for each.

___ [**Yearly**] Please send me ___ subscription(s). Enclosed is **\$36.00** for each.

PLEASE MAKE CHECK PAYABLE TO NST:

And mail to:

NICHIREN SHOSHU TEMPLE

Seiganzan Myoshin-ji Temple

2631 Appian Way

Pinole, CA 94564-2202