

会员申请表格 Membership Application Form

会员编号 Member No:	
Donor ID:	

5 Lor 29 Geylang Singapore 388060 Tel: 6746 7582 www.sagaramudra.org.sg

个人资料 Personal Particulars						
中文姓名 Chinese Name **	英	英文姓名 English Name **				
性别 Gender **						
·		•			近期照片**	
出生日期** Date of Birth		出生地点** Place of Birth			Recent Photograph	
婚姻状况		国籍**				
Marital Status	-	ationality				
联络电话**		家电话				
Contact No.	H	ome No.	TO .II.			
教育程度 Educational Standard			职业 Occupation			
住址**			Occupation	由[7]	<u>X</u> **	
Address					tal Code	
电邮						
Email			_			
您是否需要学会的刊物《目前》			□ 邮寄 / by I		不需要 / No Need	
Would you like to receive Societ	y Magazine <	<present>?</present>	□ 电邮 / by	Email (请填写电廊		
佛学背景 Buddhist Background						
您受三皈依否?	□有	ī / Yes	(如有 If yes)	法名 Dharma	Name	
Have you taken The Three Refug	ges? 🔲 没	没有/ No 皈依本师 Refu			ge Master	
您受持戒律否?	□有	ī / Yes	(如有 If yes)	☐ Five Precep	ots 五戒	
Have you undertaken any Precepts?						
I declare that the above personal particulars are correct. I hereby wish to join and abide by the rules and						
regulations, and all the resolutions of the Society. I understand that my membership application is subjected to final approval by the Society.						
兹证明我所提供的资料正确无误	。本人自愿加	口入贵会并遵	守贵会章程及	议案。本人明白	1会员资格须经学会批准方	
生效。						
Date / 日期**			Signature / 签	名**		
Payment Method /付款方式:						
1. 若以支票付款,请画双线。收款者:"Sagaramudra Buddhist Society"						
For payment by cheque, please cross the cheque and make it payable to: "Sagaramudra Buddhist Society".						
2. 若以现金/NETS/财路付款,则请亲临本会。 For cash/NETS/GIRO payment, kindly visit the society.						
本会专用 For Office Use						
金额 收拾		-2 4/11/01	经手人		日期	
	eipt No.		Handled by		Date	
Hon. Secretary Executive Committee Member				per		
Name 姓名		Name 姓名				
Signature/Date 签名/日期 Si			Signature/Date 签名/日期			
Approved Rejected If rejected, please indicate reason(s):						
	Status Upda	ted (Excel)	☐ Photo Up	oload		
备注 Remark:						