



Name:**		姓名:**	
Gender** 性别	<input type="checkbox"/> Male /男 <input type="checkbox"/> Female / 女	Date of Birth** 出生日期	
HP No.** 手提电话	Off No. 办公室电话	Home No. 住家电话	
Email Add 电邮		Are you a volunteer of our Society? <input type="checkbox"/> Yes /是 您是本会护法? <input type="checkbox"/> No/不是	
Are you a member of our Society? 您是本会会员?		Are you a full-time student /NSF? 您是在籍学生 / 国民服役人员?	
<input type="checkbox"/> Yes /是 <input type="checkbox"/> No/不是		<input type="checkbox"/> Yes /是 <input type="checkbox"/> No/不是	
Member of Sagaramudra Buddhist Society may choose not to fill in the below information 本会会员可选择 不填以下资料			
Educational Standard 教育程度		Occupation 职业	
Home Address** 住址			
<p>Please note /请注意:</p> <p>1. Enrolment is confirmed only after payment is received and it is non transferable. Fee paid is not refundable, unless the class is canceled by the Society. 报名付费后方确定名额。名额一旦确定不得转让。所付款项恕不退还，除非本会取消课程。</p> <p>2. Sagaramudra Buddhist Society reserves the right to cancel any classes due to unforeseen circumstances. 海印学佛会保有在不得已的情况下取消课程的权力。</p> <p>3. By submitting this form, I consent to the collection, use, and disclosure of my personal data by Sagaramudra Buddhist Society. Please refer to www.sagaramudra.org.sg/privacy for details. 通过提交此表格，我同意海印学佛会收集、使用和披露我的个人数据。请参阅 www.sagaramudra.org.sg/privacy 了解详情。</p>			
<p>How to register /报名方式 :</p> <p>1. Complete the application form and hand over to society 4th floor counter personally or by mail/email/WhatsApp (91732249). 填妥报名表格后亲自/邮寄/电邮/WhatsApp (91732249) 至学会四楼柜台。</p> <p>2. Taiji class person in charges will inform class starting date and payment. 太极班负责人会另行通知开课日期及付费。</p>			
I declare that the above personal particulars are correct. 兹证明以上我所提供的资料正确无误。			
Date / 日期		Signature / 签名**	
For Official Use / 本会专用			
Registration / fee collected by :		Receipt No. :	Amount: