



Dharma / Meditation Course Registration Form

学佛 / 静坐课程报名表

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

Chinese Name ** 中文姓名		English Name ** 英文姓名	
Gender 性别** ☐ Male / 男 ☐ 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? ☐ Yes / 是 您是本会护法? ☐ No / 不是	
☐ Non-member 非会员 ☐ Membership no. 会员号码: _____		Are you a full-time student / NSF? ☐ Yes / 是 您是在籍学生 / 国民服役人员? ☐ 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			
Please tick ONLY ONE of the courses you wish to participate** 请在欲参加课程旁边的一个格子打钩**			
Fundamental Dharma Courses Module 1 基础学佛课程单元一 ☐		Introduction to Meditation Class 静坐入门课程 ☐	
☐ Mandarin 华语 ☐ English 英语		☐ Mandarin 华语 ☐ English 英语	
Please answer all the following questions: 1. Why do you want to take up this course? ☐ Acquire more knowledge ☐ Interest ☐ Improve the quality of my life ☐ Others Please specify: _____ 2. How is your health condition? ☐ Healthy ☐ Diabetes ☐ High blood pressure ☐ Heart problems ☐ Personal issues ☐ Others Please specify: _____		请回答以下所有的问题: 1. 您为什么要报读这课程? ☐ 获得更多的知识 ☐ 兴趣 ☐ 改善我的生活素质 ☐ 其他 请注明: _____ 2. 您的身体健康状况如何? ☐ 健康 ☐ 糖尿病 ☐ 高血压 ☐ 心脏病 ☐ 个人因素 ☐ 其他 请注明: _____	
Please note 请注意: 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。 2. Sagaramudra Buddhist Society reserves the right to cancel any classes due to unforeseen circumstances. 海印学佛会有在不得已的情况下取消课程的权力。 3. Course notes and up to \$20 material fee are sponsored. In appreciation of the Donor's kind gesture, you are encouraged to attend all scheduled Dharma lessons conscientiously and to avoid absence without valid reasons. 这课程获得善心人士赞助课程讲义、修持本和高达\$20教材费。请学员珍惜善心人士赞助学佛课程的发心; 避免无故缺席。 4. 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。			
Payment Method / 付款方式 : 1. For cash/NETS payment, kindly visit the society. 若以现金/NETS付款, 则请亲临本会。 2. PayNow (UEN : S88S0090C). Please Email or WhatsApp your Full Name, Contact Number and transaction reference to us. 请将您的姓名、联络电话及转账交易记录发电邮或WhatsApp给我们。 (Email: enquiries@sagaramudra.org.sg / WhatsApp 91732249)			
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			
Recorded by / Date :		Receipt No. :	Amount: \$

** compulsory field / 必填栏