Sagaramudra Buddhist Society 海印学佛会

Membership Application Form
会员申请表格

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

会员编号 Member No:
Donor ID:

Personal Particulars 个人资料

Chinese Name 中文姓名 **	English Name 英文姓名 **	近期照片** Recent Photograph
Gender 性别 ** ☐ Male /男 ☐ Female / 女		
Date of Birth ** 出生日期	Place of Birth ** 出生地点	
Marital Status 婚姻状况	Nationality ** 国籍	
Contact No. ** 联络电话	Home No. 住家电话	

Educational Standard 教育程度	Occupation 职业
Address ** 住址	Postal Code ** 邮区
Would you like to receive Society Magazine <Present>? 您是否需要学会的刊物《目前》?	☐ 邮寄 / by Mail ☐ 不需要 / No Need ☐ 电邮 / by Email (请填写电邮 / please provide your email)
电邮 Email	

Buddhist Background 佛学背景

Have you taken The Three Refuges? 您受三皈依否?	☐ Yes / 有 ☐ No / 没有	(If yes 如有) Dharma Name 法名 Refuge Master 皈依本师
Have you undertaken any Precepts? 您受持戒律否?	☐ Yes / 有 ☐ No / 没有	(If yes 如有) ☐ Five Precepts 五戒 ☐ Bodhisattva Precepts 菩萨戒

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。本人自愿加入贵会并遵守贵会章程及议案。本人明白会员资格须经学会批准方生效。

Date / 日期 ** Signature / 签名**

Please note 请注意:

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 payment by cheque, please cross the cheque and make it payable to: "**Sagaramudra Buddhist Society**".
   若以支票付款，请画双线。收款者："**Sagaramudra Buddhist Society**"
2. For cash/NETS payment, kindly visit the society. 若以现金/NETS付款，则请亲临本会。
3. **PayNow (UEN : S88SS0090C).**
   Please Email or WhatsApp your Full Name, Contact Number and transaction reference to us.
   (Email: enquiries@sagaramudra.org.sg / WhatsApp 91732249)
   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

本会专用 For Office Use

Amount 金额	Receipt No. 收据号码	Handled by 经手人	Date 日期
Hon. Secretary 理事会秘书 Name 姓名 Signature/Date 签名/日期		Executive Committee Member 理事会会员 Name 姓名 Signature/Date 签名/日期	
☐ Approved 通过 ☐ Rejected 驳回	Rejected reason 驳回原由:		
☐ System Updated	☐ Status Updated (Excel)	☐ Photo Upload	☐
Remark 备注:			

** compulsory field / 必 填 栏