



MEMBERSHIP FORM

SURNAME: _____ Other Names _____

ADDRESS: _____

Suburb: _____ State: _____ Postcode _____

Postal Address (Leave Blank if it is the same): _____

_____ Suburb: _____ Postcode _____

PHONE: (HM) _____ (MOB) _____

EMAIL ADDRESS: _____

DIVISION: WD [] MD [] YWD [] YMD []

DECLARATION

I, the applicant, understand that I am joining Soka Gakkai International Australia, an organisation that supports its practitioners to realise their full human potential based on the humanistic philosophy of Nichiren Daishonin's Buddhism.

I hereby pledge to support the principles of the Charter of Soka Gakkai International [available @ <http://www.sgiaust.org.au/resources/sgi-charter/>] and support the promotion of peace, culture and education to the best of my capacity in the community as a representative of Soka Gakkai International Australia.

APPLICANT'S SIGNATURE: _____

DATE: _____

Region Leader Sign off: Name: _____ Signature: _____ Date: _____

New/transferred member will be joining the following:

Group / Gathering: _____ Area: _____ Region: _____

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OFFICE USE ONLY: ABN: 74 005 126 107 Joining Fee including GST \$5.00. Receipt No: _____ Date: _____

Date entered database: _____