Soka Gakkai International **Australia**

Value Creation through the promotion of Peace, Culture and Education

APPLICATION FORM: GENERAL MEMBERS TRAINING COURSE

APPLICATION FOR TRAINING COURSE IN: (*month*) (*year*)

NAME:

(*Please provide your preferred name if this is different to the above.*)

PREFERRED NAME:

DIVISION (*Please select*): YWD ◯ YMD ◯ MD ◯ WD ◉

REGION: STATE:

EMAIL:

MOBILE:

EMERGENCY CONTACT PERSON

NAME:

NUMBER:

OTHER DETAILS

ARE YOU ON A RESTRICTIVE DIET? (*Please provide details for catering purposes*)

ARE YOU ON RESTRICTIVE MEDICATION? (*Please provide relevant details in case of emergency*)