# Soka Gakkai International **Australia**

## MEMBERSHIP FORM

**PLEASE FILL IN WITH CAPITAL LETTERS.**

*Required fields

TITLE:

*FIRST NAME:

*LAST NAME:

*STREET ADDRESS:

*SUBURB:

*STATE: *POSTCODE:

POSTAL ADDRESS (if different from above):

*HOME/MOBILE NUMBER:

*EMAIL ADDRESS:

*DIVISION (please X): WD ☐ MD ☐ YWD ☐ YMD ☐

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**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: _____