Soka Gakkai International
Australia

ABN: 74 005 126 107
YOUR CONTRIBUTION:
RECEIVED BY:
DATE:

APPLICATION FOR RECEIVING: **HOUSEHOLD GOHONZON [ ]**
OMAMORI/PENDANT GOHONZON [ ]

FULL NAME:

EMAIL:

STREET ADDRESS:

SUBURB: STATE: POSTCODE:

HOME/MOBILE NUMBER:

REGION: AREA: DIVISION: WD MD YMD YWD
(Please circle)

RECOMMENDED BY GROUP LEADER: MOBILE:

APPLICATION FOR RECEIVING PENDANT GOHONZON

I wish to apply for the pendant Gohonzon for the following reason: *(please state the reason)*

_____

_____

_____

DECLARATION FOR RECEIVING GOHONZON

By receiving the Gohonzon I have made a life-long vow to practice the humanistic philosophy of Nichiren Daishonin's Buddhism. In preparation to make this commitment I have actively engaged in the practice for over a period of six months, have learned to do Gongyo and attend a local group discussion meeting as often as I can to deepen my appreciation of the profundity of Nichiren Daishonin's Buddhism. In keeping with the spirit of the spread of Buddhism based on dialogue, the members of my household fully support my practice and have no objection to my enshrining the Gohonzon. Please note: We request your patience in allowing us to discuss your application and we will do our best to take into consideration any specific conferral date/timing request but cannot guarantee it can be accommodated.

APPLICANT'S SIGNATURE: _____ DATE: _____

REGIONAL LEADER'S DECLARATION

This application has been discussed and agreed upon by the Regional team and will be passed on to the State team for mutual agreement and confirmation on conferral timing and process. We acknowledge that the significance of the Gohonzon, the spirit of contribution and the enshrinement process have been fully explained to him/her in person via home visitation by the divisional Area/Regional leader.

Divisional Regional leader: _____ _____
(Signature) *(Name)*

Date: Division *(please circle)*: WD MD YWD YMD

OFFICE USE ONLY:
ENTERED: **DATE:**