

Buddhist Fellowship

BF West (Main Centre): 2 Telok Blangah St 31 Yeo's Building 2nd Floor Singapore 108942
Tel: 6278 0900 | Fax: 6278 0102 | info@buddhistfellowship.org.sg | www.buddhistfellowship.org



Adult Membership Form

(I) Membership Types

Adult Membership is opened to 18 years old and above.

Expiry date of Annual Membership is standardised on a quarterly basis in favour of you, eg if you join on 1 Feb 2014, your membership will expire on 31 Mar 2015.

Effective date of membership will commence upon receipt of membership letter.

<input type="checkbox"/> New	<input type="checkbox"/> Renewal	Membership No :
<input type="checkbox"/> Annual Membership \$50/year	<input type="checkbox"/> 1-yr <input type="checkbox"/> 2-yr	Expires last day of Mar / Jun / Sep / Dec 20_____
<input type="checkbox"/> Life Membership \$500		

(II) Particulars

Full Name (<u>underline surname</u>) : Ven / Dr / Mr / Mrs / Miss / Datuk / Datin			
NRIC (S'porean & PR) :	Date of Birth (dd/mm/yyyy) :	Gender : M / F	
FIN/Passport (non-S'porean) :	Marital Status : Single / Married / Divorced		
Mailing Address :			
			Postal Code ()
Contact No :	(H)	(O)	(HP)
Email :	Profession :		
Name of family member(s) who is already a BF member (if any) :			
Age & Gender of Children :			
1. Age :	2. Age :	3. Age :	4. Age :
Gender : M / F	Gender : M / F	Gender : M / F	Gender : M / F
Preferred mode of communication (<i>circle where applicable</i>) :			
Email / Smart Phone / LAN Phone / SMS / Whatsapp / FB / Mail			
Permission to call via phone – Yes / No			

(III) Areas of Interest

<input type="checkbox"/>	Dhammaduta Parents Network	<input type="checkbox"/>	Dhammaduta Adult Program	<input type="checkbox"/>	Meditation classes
<input type="checkbox"/>	Fellowship Activities (Social, Health eg. Yoga and Qigong)	<input type="checkbox"/>	Pilgrimage	<input type="checkbox"/>	Prison Fellowship
<input type="checkbox"/>	Counselling	<input type="checkbox"/>	Sutta Discussion Group	<input type="checkbox"/>	Humanitarian Work (Local & Overseas)

<input type="checkbox"/>	Toastmaster	<input type="checkbox"/>	Overseas Retreats	<input type="checkbox"/>	Dhamma Courses
<input type="checkbox"/>	Children Dhamma Program	<input type="checkbox"/>	Youth Dhamma Program	<input type="checkbox"/>	Dhamma Talks (including Mandarin)
<input type="checkbox"/>	Others :				
<input type="checkbox"/>	Volunteering, please indicate the fields you would like to contribute :				
<input type="checkbox"/>	Teaching (4 – 16 year old)	<input type="checkbox"/>	Posters design	<input type="checkbox"/>	Photography & videography
<input type="checkbox"/>	IT	<input type="checkbox"/>	AV support	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Administration	<input type="checkbox"/>	Hospitality & reception	<input type="checkbox"/>	Fund-raising
<input type="checkbox"/>	Translation : languages proficiency _____				
<input type="checkbox"/>	Premises Maintenance (cleaning, plumbing & electrical etc)				
<input type="checkbox"/>	Provide cooked food for events / Dhamma activities				
<input type="checkbox"/>	Others, please specify : _____				

(IV) Declaration and Indemnity to Buddhist Fellowship

Buddhist Fellowship respects your privacy and adopts the guidelines under the Personal Data Protection Act 2012. By submitting this Membership Form,

1. I permit Buddhist Fellowship to contact me via the contact details given above for Buddhist Fellowship programs.
2. I shall not hold Buddhist Fellowship liable for any damage sustained to body, life and/or property or expenses incurred by me arising from my voluntary participation in any programs or activities conducted by Buddhist Fellowship in both Centres and external venues.
3. I agree to receive promotional materials from Buddhist Fellowship's related organisations.

Signature of Applicant

Date

*Please mail the completed form and cheque payment to:
Buddhist Fellowship, 2 Telok Blangah Road St 31 #02-00 Yeo's Building Singapore 108942*

(V) For Official Use

Payment Mode	Payment Date	Amount	Official Receipt No.	NETS No.	Cheque No.