

Sungai Long Buddhist Society

7-2, Jalan SL 1/3, Bandar Sungai Long

Membership application form

Individual / Family

Name (English) _____ (Chinese) _____

NRIC _____ Gender Male/Female

Marital Status: Married / Single

Name of Spouse :		Chinese :
Children :		
Name	Date of Birth	Gender (M/F)

Home Address _____

Tel No. _____ H/P No. _____

E-Mail Address _____

Occupation _____

Skills/expertise (you'd like to contribute) :

a. Funding

b. Cooking

c. Housekeeping

d..Photography/video

d. IT

e. Teaching

f. Event organising

g. Others _____

Interests : meditation

dhamma discussion

dhamma talk

others/hobbies _____

Signature _____

Date _____

For office use only :

Membership no: _____

Date: _____

Remarks _____