

APPLICATION FOR MEMBERSHIP – BUDDHIST VIHARA SOCIETY IN BC



A non-Profit, Tax-Exempt Society Incorporated in British Columbia.
 18941 – 80th Avenue, Surrey BC. V4N4J1
 Phone: 604 888 1162 - Email: bvs_bc@yahoo.ca - Web: www.bvs.org

Charity Registration No: 89234 2775 RR0001

1. Name of Applicant																								
Last Name																								
First Name																								
Other Names																								
2. Postal Address:																								
Street																								
City																								
Province/State																								
3. Contacts																								
Home Phone																								
Business Phone																								
E-mail / Fax																								
4. Membership Category (Check ✓ applicable)																								
<input type="checkbox"/>	Student	Full Time Student OR over 18 & not in full time employment															\$50							
<input type="checkbox"/>	Ordinary																\$100							
<input type="checkbox"/>	Family																\$150							
		Name of Spouse																						
		Name of Child/Age																						
		Name of Child/Age																						
<input type="checkbox"/>	Life -Single	\$2000 to be paid as a lump sum or within one calendar year towards membership.																						
<input type="checkbox"/>	Life-Family	\$3000 to be paid as a lump sum or within one calendar year towards membership.																						
<input type="checkbox"/>	PAP-paying	\$360 or more paid within one calendar year towards temple maintenance																						
I /We hereby apply for membership of Buddhist Vihara Society in British Colombia in the above indicated category. The membership fee in the amount of \$_____ .___ is enclosed.																								
_____						_____						_____												
Applicant's Signature						Spouse's Signature						Date/Month/Year												
I /We understand the Society's activities are being sustained and the Vihara premises maintained by members who volunteer their valuable time. I /We would like to contribute my /our time in the following manner.																								
<input type="checkbox"/>	Periodic cleaning of premises				<input type="checkbox"/>	Preparing Food				<input type="checkbox"/>	Organizing				<input type="checkbox"/>	Phoning				<input type="checkbox"/>	Other			
For Office Use Only:																								
Receipt Number : _____									Membership Number: _____															
Treasure's Signature : _____									Secretary's Signature: _____															
Date of membership acceptance: ____ / ____ / ____																								

Note: Information collected through this form will be used to plan and execute BVS activities for the betterment of BVS Community & to execute BVS Bylaws