



# 新加坡佛教总会佛学班同学会

Singapore Buddhist Federation Dharma Class Students Society

59 Lorong 24A Geylang Singapore 398583 Tel 6744 4635 Fax 6747 3618

## 会员申请表格

## MEMBERSHIP APPLICATION FORM

Photo

届 Batch 我修完 / 就谈初 / 中 / 高级课程。  
CDC / EDC I am attending / have completed Elementary / Intermediate / Advanced Dharma Course

本人愿申请成为会员，决遵守章程及议决案。  
I wish to join as member and agree to abide the rules and regulations of the society

姓名 Name as in NRIC	中文 Name in Chinese	居民证 / 护照号码 NRIC / Passport Nbr
住家地址 Address	邮区 Postal code ( )	国籍 Nationality
		性别 Sex Male男 / Female女
		出生日期 Date of birth
电邮 E-mail address		婚姻状况 Marital status Single / Married
住家 Home / Office tel	手机 Mobile	籍贯 Dialect
嗜好 / 兴趣 Hobbies / Interests	教育程度 Education Level	专业知识 Professional skills
自雇 / 受雇公司名称 Name of Employer / Business		职位 Designation

### 三皈依 The 3 Refuges

法名 Dharma Name	皈依师德号 Name of Dharma Master
皈依日期 Date Taken	皈依寺院 Place Taken

我确认申请表格内所提供之一切资料，属实且完整无误，并授权贵会查证，本人更同意贵会拥有批准和拒绝申请表格而无须说明理由之最后决定权，并同意当会员资格获批准且付清一切会员申请费用后，会员资格方才有效。

The information provided in the application form is true and correct. I authorise DCSS's committee to verify the information with any source it considers appropriate and agree that approval of the application is subject to the Committee's discretion and that they reserve the right to decline the application without giving any reason. Please note that the membership will take effect upon approval and payment of membership fees.

申请者签名 Applicant's Signature	日期 Date
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### 理事会专用 For Official Use

会员号码 Certificate Number	会长 Chairman
日期 Date	秘书 Secretary