



SGINZ Children's Membership Application

This form is for SGI members who would like their children to become a member of SGINZ, and where the child is living in a place where the Gohonzon is enshrined.

I would like my child to become a member of SGINZ

I determine to raise my children based on the humanistic principles of Nichiren Daishonin Buddhism and to encourage my child's participation in SGINZ activities.

I confirm that I meet the following criteria:

1. I live in a place where Gohonzon is enshrined.

Applicant (Child) Details

Preferred name: _____

Occupation (optional): _____

First name: _____

Land line: _____

Family name: _____

Mobile: _____

Date of birth (dd/mm/yy): ____/____/____

Email: _____

Nationality: _____

Introduced by: _____

Address: (Unit number/Street number Street name)

Parent's name: _____

Suburb: _____

Privacy Act: SGINZ has permission to use my profile information for organisational purposes only.

City / Town: _____

Parents Signature: _____

Post Code: _____

Date: ____/____/____

Organisational Details

Organisation details (Leader to complete)

District: _____

Approval recommended by (Please print name and sign)

Chapter: _____

District Leader*: _____

General Chapter: _____

Chapter Leader*: _____

Division: FD Girl FD Boy (age 0-10yrs)

GC or HQ Leader*: _____

UHG Girl UHG Boy (age 11-14yrs)

(*in consultation with other same level divisional leaders)

Date started chanting: ____/____/____

Date receiving membership: ____/____/____

Office Use Information Only

Certificate printed on: ____/____/____ By: _____ Entered on: ____/____/____ By: _____

Other Remarks: _____