



SGINZ New/Change/Resignation of Leadership Information

Please complete this form when you are appointed to a SGINZ Leadership position and return it to your SGINZ Centre

Preferred First name: _____

Family name: _____

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

Address: (Unit number/Street number Street Name)

Suburb: _____

City / Town: _____

Post Code: _____

Occupation (optional): _____

Division: YWD YMD WD MD Other _____

Date of Membership: ____ / ____ / ____

Mobile: _____

Email: _____

Land line: _____

Gohonzon:

Small size (Omamori): Yes/No Own/Family

Normal size (Okatagi): Yes/No Own/Family

Large size (Tobetsu): Yes/No Own/Family

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

NEW Leadership position:

1) _____

2) _____

District: _____

General Chapter: _____

Chapter: _____

Date of new appointment announced: ____ / ____ / ____

Continuing with Current Leadership Positions:

1) _____

2) _____

Resigning from Current Leadership Positions:

1) _____

2) _____

SGI Award (if any):

1) _____ Date: _____

2) _____ Date: _____

SGI Study Exam Level: (Please circle)

None / Entrance (Level 1) / Elementary (Level 2) /

Intermediate (Level 3)

FOCUS Subscriber: Yes/No

Updated on: Nov 2016



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