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 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: _____

First name: _____

Family name: _____

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

Nationality: _____

Address: (Unit number/Street number Street name)

_____

Suburb: _____

City / Town: _____

Post Code: _____

Occupation (optional): _____

Land line: _____

Mobile: _____

Email: _____

Introduced by: _____

Parent's name: (if you are under 18 years old):

_____

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

Parent's Signature: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Date: _____

Organisational Details

Organisation details (Leader to complete)

District: _____

Area: _____

Region: _____

Division: FG Girl   FG Boy (age 10-14 yrs)
            UHG Girl   UHG Boy (age 11-14 yrs)

Date started chanting: _____

Approval recommended by (Please print name and sign)

District Leader : _____

Area Leader : _____

Region Leader : _____
                Print Name   Please sign

(*in consultation with other same level divisional leaders)

Date receiving membership: _____

_____

Office Use Information Only

Certificate Printed on: _____   By: _____

Entered on: _____   By: _____

Other Remarks: _