



SGINZ Family Membership Application

I would like to become a member of SGINZ

I support the SGI ideas of the promotion of peace, culture and education based on the humanistic principles of Buddhism.

I confirm that I meet the following criteria:

1. I chant Nam-Myoho-Renge-Kyo.
2. I support my family to practice.
3. I have been participating in SGINZ activities.
4. I live in a place where Gohonzon is enshrined.

Applicant 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: (if you are under 18 years old):

Suburb: _____

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

City / Town: _____

Applicant Signature: _____

Post Code: _____

Date: _____

Organisational Details

Organisation details (Leader to complete)

District: _____

Area: _____

Region: _____

Group: YW YM Women Men

Date started chanting: _____

Approval recommended by Leader (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: _____