



Gohonzon and SGINZ Membership Application

I would like to receive the Gohonzon and become a member of SGINZ

I confirm that I meet the following criteria:

1. I want to practice Nichiren Buddhism within the SGI.
2. I chant Nam-Myoho-Renge-Kyo and I am learning gongyo.
3. I am attending SGI meetings/gatherings.

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)

Suburb: _____

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

City / Town: _____

Post Code: _____

Applicant Signature: _____

Date: _____

Organisational Details

Organisation details (Leader to complete)

District: _____

Group: YM YW Women Men

Area : _____

Date started chanting: _____

Region: _____

Date receiving Gohonzon: _____

Comments: _____

Soka Care Person

I will support _____ to establish their daily Buddhist practice in the district.

Name: _____

Signed: _____

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)

Office Use Information Only

Certificate printed on: _____ By: _____ Entered on: _____ By: _____

Other Remarks: