



<ul style="list-style-type: none"> 本人已了知贵会宗旨，愿意加入成为贵会会员/准会员。一旦申请获准后，本人定当遵守贵会所有的章程。 已皈依三宝者，请填上“皈依师”与“法名”。 会员费：每年 24 元；60 岁或以上者，每年 12 元 I have read and understand the constitution of the society and I wish to apply for *ordinary / associate membership of your society. If my application is approved, I agree to be abide by the constitution of the society. For member who has taken refuge in the Triple Gem, please note that fields for “Refuge Master” and “Buddhist Name” are mandatory. Membership fees payable: \$24 per annum; those aged 60 and above: \$12 per annum. 				照片 (Photograph)	
中文姓名 Name (Chinese)		英文 (English)			
居住证号码 (NRIC No) * 粉红色 Pink / 蓝色 Blue S XXXX _ _ _ _ _		性别 (Sex)	年龄 (Age)	种族 (Race)	
国籍 (Nationality)	出生日期 (Date of Birth)	出生地点 (Place of birth)		邮址 (Email)	
宗教 (Religion)	皈依师 (Refuge Master)	法名 (Buddhist Name)		皈依日期 (Date of Refuge)	
职业 (Occupation)		婚姻状况：* 未婚 / 已婚 / 其他 (Marital Status): * Married / Single / Other:			
住家地址(Address)					
邮区 (Postal Code)					
电话 Tel:住家 (Hm)		办事处 (O)		手机 (Hp)	
传真机 (Fax)					
嗜好/特长： * 唱歌 / 插花 / 烹饪 / 电脑 / 手工 / 绘画 / 书法 / 戏剧 / 跳舞 / 法器 / 其他：					
Hobbies / Speciality: * Singing / Floral Arrangement / Cooking / Computer / Art & Craft / Calligraphy / Drama / Dancing / Chanting instrument / Others:					
籍贯 (Dialect)	教育程度 (Qualification)		可掌握语言 (Language/Dialect)		
By signing this membership application form, you agree that Buddha of Medicine Welfare Society may collect, use and disclose your personal data, as provided in this application form, or (if applicable) obtained by our organisation as a result of your membership, for the following purposes in accordance with the Personal Data Protection Act 2012. We assure you that we will undertake proper safeguarding measures to protect your personal data (including NRIC Numbers) under our care.					
本人在此宣誓以上所提供的个人资料绝对正确。 I declare that the above information to be true and correct at the time of application.					
申请者签名 (Signature): _____			日期 (Date): _____		
介绍人姓名 (Proposed by): _____			介绍人签名 (Signature of Proposer): _____		

以下由本会填写 (For Official Use Only)					
批准入会日期: Membership approved by the committee on: _____			会员编号: Member No: _____		
主席签名 Signature of President: _____			本会印章 Society Stamp: _____		