

Bodhikusuma - Membership Registration Form

Title: Mr / Mrs / Miss / Ms / Other: _____ **Gender:** M / F

First Name: _____ **Last Name:** _____

Mailing Address: _____

Phone (h): _____ **Phone (w):** _____ **Phone (mob):** _____

Fax: _____ **Email:** _____

Date of Birth: _____ **Occupation:** _____

Company Name: _____

Preferred Method of Contact: Home / Work / Mobile / Fax / Email

Memberships:

- Wisdom (6 months) \$200.00
- Virtue (12 months) \$300.00
- Mindfulness (12 months) \$600.00

Note: Please put your full name as the payment reference.

Type of Payment:

Money Order / Cheque

Payable to:

Bodhikusuma Buddhist and Meditation Centre

Address:

P.O. Box 258. Strawberry Hills, NSW 2012

Direct Deposit

Bank Name: Westpac Bank

BSB: 032-058

Account Name:

Bodhikusuma Buddhist and Meditation Centre

Account No: 161217

Terms & Conditions

I hereby apply for membership of Bodhikusuma Buddhist and Meditation Centre. In so applying and in consideration of my application for membership being accepted I acknowledge and agree that I have read and understood, the terms and conditions, including the warning, exclusion of liability, release and indemnity.

I acknowledge that if my application for membership is successful I will be entitled to all benefits, advantages, privileges and services of Bodhikusuma Buddhist and Meditation Centre membership.

Please sign this form, if you agreed to the Bodhikusuma Buddhist and Meditation Centre Terms and Conditions

Signed: _____ Date: _____ Print Name: _____

*Please supply one photo (passport photo size) for membership card
Send the completed form to PO BOX 258, Strawberry Hills NSW 2012, AUSTRALIA*

Thank you and welcome to Bodhikusuma.

Ehipasiko; Don't just believe, come and see.