



狮城雷藏寺

True Buddha Shi Cheng Association

117 Sims Avenue Singapore 387441

Tel: 6741 3438 Fax: 6741 7436

http://www.shicheng.org Email: dharma@shicheng.org



申请成为准会员

Associate Membership Application

姓名 (中文) Name(Chinese)	国籍 Nationality
姓名 (英文) Name(English)	出生国家 Country of Birth
皈依法号 Dharma Name	出生日期 Date of Birth
皈依日期 Date Of Refuge	性别 Sex
身份证号码 NRIC No	居留号码 Foreign Identification Number (FIN)
现居地址 Home Address	

学历 Qualifications	现职 Occupation	婚姻状况 Status	Marital
住家电话 Home Tel	手机电话 HP No	电邮 Email	

诚心邀请您加入义工团队：现在或者在将来，我希望加入以下义工行列（请打钩）。

Invitation to be a volunteer: Now or in the near future, I wish to join in this volunteer group (please tick).

文宣组 Propaganda Group 总务组 General Office Group
 关怀爱心组 Loving Care Group 唱诵组 Chanting Group
 厨房部 Kitchen Group 白事诵经服务 Prayer Service Group
 图书馆组 Librarian Group 电脑通讯组 Information Technology Group

来寺参加活动次数 Frequency of visit :

每个星期一次 Weekly 两个星期一次 Bi-weekly
 每个月一次 Monthly 数月一次 Once in a few months
 一年一次或少有 Yearly or rarely

以上资料全部属实，我愿意服从上述社团所定下的章程，规则和条例。

I declare that all the information given are **TRUE** and I agree to abide by the Constitution, all rules and regulations pertaining to the above mentioned society.

申请者签名 Applicant's Signature	日期 Date	(未满十八岁者) Signature (for applicant below the age of 18)	家长签名 Parent's
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只供本寺用 FOR OFFICIAL USE ONLY

申请 : 批准 / 不批准 会员证号码:

Applicant : Approved / Not Approved Membership No:

秘书签名 Secretary's Signature	主席签名 Chairman's Signature	期 Date	日
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