

2010-11 MEMBERSHIP APPLICATION and RENEWAL FORM

– Buddhist Council of Queensland Inc.

Please note that if joining as an individual or family, you only need to complete your name/s, address, contact details, etc and the declaration below, but also note that if you also belong to a member centre, then only your centre’s nominees are entitled to vote.

Centre (or Family) name: _____

Street Address: _____ Incorporation No. _____

_____ Postcode _____

Postal Address (if different) : _____ Postcode _____

Contact Person (e.g. Secretary) –

Family Name: _____ Other Names: _____

Daytime Phone No. _____ After Hours: _____ Fax No. _____

Email Address: _____

Your Centre Information -

Buddhist Tradition/Lineage: _____ Years Operating in Qld.: _____ yrs

Affiliations (if any): _____

Spiritual Head / Director: *compulsory: _____

Resident Teacher/s (if any): _____

Main language/s of teachings: _____ English Teachings: Yes / No

Temple seating capacity: _____ Number of members: _____ Open Hours: _____

Your Council Member Representatives –

1: Family Name: _____ Other Names: _____

Daytime Phone No. _____ After Hours: _____ Fax No. _____

Email Address: _____

2: Family Name: _____ Other Names: _____

Daytime Phone No. _____ After Hours: _____ Fax No. _____

Email Address: _____

3: Family Name: _____ Other Names: _____

Daytime Phone No. _____ After Hours: _____ Fax No. _____

Email Address: _____

Your Teaching / Community program – for inclusion on the Council’s website directory-

Declaration –

I/We declare that I, or this Centre/Family group, endorse and support the Buddhist traditions and philosophy, the Constitution and the objectives of the Buddhist Council of Queensland in helping represent Buddhism generally.

Print Name: _____ Signed: _____ Dated: ____/____/201__