## 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.

Your Centre Information - Buddhist Tradition/Lineage:				Centre (or Family) name:
Postcode Contact Person (e.g. Secretary) – Family Name:Other Names:	corporation No			Street Address:
Contact Person (e.g. Secretary) –  Family Name:Other Names:	Postcode			
Family Name:Other Names:	Postcode			Postal Address (if different) :
Daytime Phone No			7) —	Contact Person (e.g. Secretary
Email Address:		Other Names:	Family Name:	
Your Centre Information - Buddhist Tradition/Lineage:	ax No		After Hours: _	Daytime Phone No
Buddhist Tradition/Lineage:				Email Address:
Affiliations (if any):				<b>Your Centre Information -</b>
Spiritual Head / Director: *compulsory:	s Operating in Qld.: yrs			Buddhist Tradition/Lineage:
Resident Teacher/s (if any):  Main language/s of teachings:  Temple seating capacity:  Number of members:  Open Hours:  Your Council Member Representatives —  1: Family Name:  Daytime Phone 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:  3: Family Name:  Daytime Phone No.  After Hours:  Fax No.  Email Address:  Daytime Phone No.  After Hours:  Fax No.  Email Address:				Affiliations (if any):
Main language/s of teachings: Number of members: Open Hours: Your Council Member Representatives —  1: Family Name: Other Names: Fax No Email Address: Other Names: Other Names: Other Names: Fax No Email Address: Fax No			pulsory:	Spiritual Head / Director: *comp
Temple seating capacity: Number of members: Open Hours:  Your Council Member Representatives —  1: Family Name: Other Names: Fax No  Email Address: Other Names: Other Names: Fax No  Daytime Phone No After Hours: Fax No Fax No  Email Address: Other Names: Fax No				Resident Teacher/s (if any):
Your Council Member Representatives –  1: Family Name:Other Names:  Daytime Phone No After Hours: Fax No  Email Address:Other Names:  Daytime Phone No After Hours: Fax No  Email Address: Other Names:  Daytime Phone No After Hours: Fax No  Email Address: Other Names:	English Teachings: Yes / No			Main language/s of teachings: _
1: Family Name:Other Names:  Daytime Phone NoAfter Hours:Fax No  Email Address:Other Names:		Open Hours: _	_ Number of members:	Temple seating capacity:
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Email Address:  2: Family Name:  Daytime Phone No.  After Hours:  Fax No.  Email Address:  Other Names:  Fax No.  Email Address:  Daytime Phone No.  After Hours:  Fax No.  Email Address:		Other Names:		1: Family Name:
2: Family Name:Other Names:  Daytime Phone NoAfter Hours:Fax No  Email Address:Other Names:  3: Family Name:Other Names:  Daytime Phone NoAfter Hours:Fax No  Email Address:	Fax No	:	After Hours:	Daytime Phone No.
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3: Family Name: Other Names: Daytime Phone No After Hours: Fax No Email Address:	Fax No	:	After Hours:	Daytime Phone No.
Daytime Phone No After Hours: Fax No Email Address:				Email Address:
Email Address:		Other Names:		<b>3</b> : Family Name:
	Fax No	:	After Hours:	Daytime Phone No.
Your Teaching / Community program – for inclusion on the Council's website directory-				Email Address:
	irectory-	n the Council's web	orogram – for inclusion o	Your Teaching / Community
<b>Declaration</b> –  1/We declare that I, <u>or</u> this Centre/Family group, endorse and support the Buddhist traditions and philosophy Constitution and the objectives of the Buddhist Council of Queensland in helping represent Buddhism general  Print Name:	resent Buddhism generally.	Queensland in helpin	of the Buddhist Council of	1/We declare that I, <u>or</u> this Cent Constitution and the objectives