

Date Form Completed: _____

Steveston Buddhist Temple 2024 Membership Form

Last Name: 1 _____ (漢字)

First Name _____ (漢字)

Date of Birth: _____

Age 年齡 _____

Last Name: 2 _____ (漢字)

First Name _____ (漢字)

Date of Birth: _____

Age 年齡 _____

Present Address: _____

City & Prov. _____

Postal Code : _____ Phone Number _____

Address for
Income Tax receipt: _____

Email: _____ Please indicate below if you consent to us sending you information, announcements and newsletters by e-mail. This helps us reduce mailing costs, and you can unsubscribe at any time. This consent is required to comply with Canadian Anti Spam Legislation. Please initial the appropriate box below.

I consent

I do not consent

Next of Kin:

Name _____

Phone No. _____

Name _____

Phone No. _____

Name _____

Phone No. _____

Due Date:
May 15, 2024

Cheque payable to : Steveston Buddhist Temple
2024 Membership Dues are \$125 per person

Please complete the following:

1. Please list any particular interests or events at the temple that you currently participating in.

2. Please list any events or activities you would like to see at our temple.

3. We are very much dependent upon volunteers. Please indicate if you can support the Temple as a volunteer and which events or days you can volunteer.

4. Please tell us of any suggestions or comments to help us serve you better.

We wish you to sincerely thank you for your support and look forward to see you at our temple.