Auckland Theravada Buddhist Association (ATBA) Application for <u>New</u> Membership

This membership form is for the year 1 August 2024 to 31 July 2025.

This form can either be sent digitally or by post.

The process for membership is as follows:

- 1. Application: This form is submitted to the ATBA Committee via post or email (details are at the top of the page).
- 2. Consideration: The ATBA committee considers the application and notifies the applicant.
- 3. Payment: If approved, the applicant pays the membership fee (\$32). Please only pay after approval.

Applicant

Please provide the details of the person applying for membership.

| First name: |
|-----------------|
| Last Name: |
| Preferred Name: |
| Email: |
| Phone: |
| Address: |
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I consent to my nomination and confirm the following:

- 1. I am applying for membership in ATBA.
- 2. I am over 18 years of age.
- 3. I have taken refuge in the Buddha, Dhamma and Sangha.
- 4. I support the aims and purposes of ATBA.
- 5. I agree to abide by the rules of ATBA, which I have read and understand.
- 6. I consent to my details being held in ATBA's Register of Members.

Person Nominating

The person applying for membership needs to be nominated by an existing member.

The person nominating may nominate **up to 5 new members.**

Please provide the details of this existing member.

Signature:

Signature:

| First name: | Address: | | |
|-----------------|---------------------------|-----|----|
| Last Name: | | | |
| Preferred Name: | | | |
| Email: | | | |
| Phone: | Member for the past year? | YES | NO |
| | | | |

Committee Use Only

| Nomination received by (name): | | Date: |
|---|----|-------|
| Nomination approved by the committee. YES | NO | Date: |
| Membership fee received by (name): | | Date: |