



Buddhist Society of Ontario

BUILDING A MINDFUL COMMUNITY TOGETHER

Application for Membership

Serial No.

Name:

Address:

.....

Telephone No. (Res) Cellphone No.

Occupation:

E-mail address:

Are you willing to participate in the BSO activities? YES ☐ NO ☐

I, the undersigned, do hereby agree to abide by the constitution of the Buddhist Society Of Ontario and confirm that the information provided on this application form is, to the best of my knowledge, true and complete. By signing this form, I am giving the consent to share my information within the organization.

Signature

Date

FOR OFFICE USE ONLY

Proposed By: Seconded By:

Status:

Name:

Signature

Date: