Phone: 03 52661788. Email: info@drolkarbuddhistcentre.org.au. Website: www.drolkarbuddhistcentre.org.au

MEMBERSHIP FORM

I/We,		
Of Address		
P/CODE:		PHONE:
E-MAIL:		
hereby	renew my/our membe	ership of the Drol Kar Buddhist Centre Inc.
	apply to become a me	ember/s of the Drol Kar Buddhist Centre Inc.
and agree	to be bound by its constituti	on and rules of operation.
Signed:		Date:
_		
Annual M	embership Fee [payable an	nnually, half-yearly or quarterly]
\$200.0	00 Single membership	\$120.00 Single concession
\$300.0	00 Family membership	\$200.00 Family concession Total payment: \$
I	would like to pay ((circle/ high	hlight)) Annually Half-yearly Quarterly
Method of	f Payment: (Please tick one)	
Cash (Please d	Direct debit Bank: Bendigo Bank: BSB: 633-000 Acct name: Drol Kar Buddhist Centre	
	ıe/Money order	Acct No: 108414384
(Payable	to Drol Kar Buddhist Centre)	Reference: Membership + surname eg Membership Smith
Credit	t card (circle/ highlight) Visa	Mastercard (PLEASE NOTE: a 2% surcharge applies for credit card payments)
Credit	card No.	
Ex	xpiry date /	Card security code
Card holder's Name: Signature:		
Office use	only: Form submitted to/pro	ocessed by: Receipt No
Attention	n:: Treasurer: Me	embership Officer: Librarian: New members info sent: