

## Application to become a Member of Jikishoan

updated 13.09.16 CoM218

Please print clearly

Given Name ..... Family Name .....  
Street ..... Suburb .....  
State ..... Postcode ..... Email .....  
Phone (home) ..... Mobile .....  
Date of Birth: .....

**I wish to become a Member of Jikishoan. I have read, and fully support, the Aims and Objectives of Jikishoan.**

**I have participated in the following Jikishoan activities:**

- Integrated Buddhist Studies - Main Course A  
Class A1 [Sat 9–11 am] Year/Month .....  
Class A2 [Sat 5–7 pm] Year/Month .....  
Class A3 [Wed 7–9 pm] Year/Month .....
- Integrated Buddhist Studies - Main Course B – Sanzen-kai  
Sunday: No. of occasions .....  
Thursday: No. of occasions .....
- Integrated Buddhist Studies - Main Course C [Year] .....
- Jikishoan activities:  
Sanzen-kai: Sunday: No. of occasions .....  
Thurs: No. of occasions .....  
One Day Workshop [Date/s] .....  
Picnic [Year] .....  
Retreat/s [Month + Year] .....
- Other .....

**I have had a personal interview with a Jikishoan Committee Member to discuss my interest in becoming a member and my support for the Aims and Objectives of the community.**

Committee member's name: ..... Date of interview: .....

**If my application is successful, I agree to abide by the Jikishoan Rules of Incorporation (available on the Membership page at <http://www.jikishoan.org.au/membership>) and consent to support the safety and wellbeing of everyone, practising right conduct, non-harming and the cultivation of virtue.**

**I also acknowledge that I may be photographed by Jikishoan photographers at scheduled Jikishoan events, with some of these photos being reproduced in Myoju and/or the Jikishoan website. If I do not wish to be photographed, I will indicate this at the time.**

**If my application is successful, I agree to my name being published in Myoju.** ✍️ Yes ✍️ No

**Accompanying this application is a photograph of myself, which is to be used by the Jikishoan Management Committee for administration purposes only.**

Applicant signature: ..... Date: .....

Committee member signature: ..... Date: .....

Please hand the completed form to a Committee Member or post it to the address above. Do not include payment with the form. You will be advised of the outcome of your application and will be invited to pay the applicable subscription amount.