

Queensland Sangha Association Inc
Application for Membership in Group D (lay persons)

Are you a lay person committed to uphold the Five Precepts or do you hold any higher precepts (please specify)?

Name with title:

Residential address:

Postal address (if different) :

Telephones:

Email:

Name and address of any Buddhist centre with which you are associated:

Name of the chief monk or nun, or lay leader of that centre and his/her position:

I agree to abide by the constitution of the Queensland Sangha Association Inc. I am aware that the association does not have an insurance policy. I believe I am qualified to obtain membership of the association and I agree to provide necessary information for acceptance and for continuance as a member of the association.

Signature: _____

Date: