



BUDDHIST VIHARA VICTORIA INC.

DEDICATED DAYAKA (MEMBERSHIP) APPLICATION

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(ABN: 35 437 197 725)

Sakyamuni Sambuddha Vihara, 125 Homestead Road, Berwick VIC 3806

Tel: 03 9702 6275 Fax: 03 9702 6274

Email: buddhist@vihara.org.au

Website: www.vihara.org.au

Personal Details

First Name:	Last Name:
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Names of Family Members (including other relatives living at the same address)

Spouse Name:	Children:
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Contact Details

Phone:	Mobile:
Fax:	Office:
E-Mail:	

Address Details:

Street Address:	
Suburb:	Post Code:

Donation Details

Monthly Contribution: \$.....	Standing Orders available: Yes <input type="checkbox"/> No <input type="checkbox"/>
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Direct Debit Details (Preferred)

Name of bank account:.....	BSB No:.....
Name and branch of bank:.....	Account No:.....
Commencing immediately/on (delete one): please debit a maximum/exactly (delete one) \$..... from the above account each month/quarter (delete one) yearly.	
Authorization: Signature:	Date:
<small>(If debiting from a joint account all signatures may be required)</small>	

I agree to be guided by the Buddhist Principles on which the Sakyamuni Sambuddha Vihara is conducted.

Signed:

Date:

Office Use Only

Approved By:	Date:
Dedicated Donor Number:	