

## ABC MEMBERSHIP FORM

YOUR DETAILS

*Sal	utation (please circle): Mr/Mrs/Dr/Mdm/Miss		* denotes compulsory field		
*Sur	name:*Given Name:		*NRIC No.:		
*Birt	th Date:*Nationality:		*Handphone:		
*Em	ail address:		Home Tel:		
			*Postal Code:		
	se ensure that all information above is correct and corrdingly.	mplete. If ther	e are any changes to your particulars above, please amend		
	YOU	JR PREFEREN	CES		
Wou	ıld you like to (please circle):				
- rec	eive WhatsApp updates on our activities (regardless o	of your registra	ition, if any, with the Do Not Call Registry)? Yes / No		
- rec	eive email updates on our activities? Yes / No				
- rec	eive hardcopy mails on our major events? Yes / No				
	ТҮРЕ	OF APPLICA	TION		
I con	ewal of Membership  Ifirm that the above information given by me is true ar  Membership Number:	nd correct. I w	ould like to renew my membership as follows (please tick):		
	Type of Membership	Amount	Gift Details		
	Student Member (1 year) 18 years old & below OR full-time students only (to show Student Pass)	FOC	Custom-design Notebook		
	General Member / Ordinary Member (1 year)	\$50.00	A Glass Candle Holder		
	General Member / Ordinary Member (3 years)	\$150.00	A 5 in 1 Mantra Counter + FPMT Essential Buddhist Prayers Vol 1 and 2		
	1 Consul 84	¢250.00	A Big Wool String Pouch with Mystic Knot Design		

Except for Life Membership, I understand that my membership will expire at the end of the year on 31 December. If I join before 1 July, I will pay the full annual fee. If I join from 1 July, I will pay half the annual fee. Before expiry, I can renew my membership by submitting an application for renewal. I also understand that my application is subject to approval by Amitabha Buddhist Centre's ("ABC") Executive Committee according to the constitution of ABC.

\$250.00

\$1,000.00

I understand that should my membership be in arrears for 3 months or more from the membership expiry date, my membership will be deemed to have ceased and my voting rights (if applicable) will be revoked. Should I renew my membership after having my voting rights revoked, it still will not restore my right to vote.

I hereby consent to ABC collecting, using and retaining my personal data for sending me updates related to ABC membership as well as for generating statistical reports. If I had circled "yes" to at least one of the options in "Your Preferences" above, I also consent to ABC sending me updates about ABC's activities as well as information related to entities within the Foundation for the Preservation of the Mahayana Tradition.

I understand that I can withdraw my consent at any time by emailing ABC at <a href="mailto:centre@fpmtabc.org">centre@fpmtabc.org</a>.

**General Member / Ordinary Member** (5 years)

**General Life Member / Life Member** 

I understand that ABC will not use or disclose my personal data for purposes other than the above or for which ABC has not

44 Lorong 25A Geylang Singapore 388244 • Tel: 67458547 • Fax: 67410438 • Website: www.fpmtabc.org

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+ FPMT Essential Buddhist Prayers Vol 1 and 2

+ FPMT Essential Buddhist Prayers Vol 1 and 2

An Amethyst Candle Holder



obtained	mγ	prior	consent.

Applicant's Signature: Date:				
PAYMENT MODES				
Over the counter in ABC Office: Cash, NETS, VISA, Mastercard, Cheque				
By mail: Mail this form to us together with your cheque payment. Cheques are to be made pa "Amitabha Buddhist Centre".	yable to			
Online payment: Email this form to us and make your membership fee payment via our online <a href="http://www.fpmtabc.org/donate_online.php">http://www.fpmtabc.org/donate_online.php</a> . Enter "Membership Fee for <applicant's 4.5%="" add="" can.="" cover="" fee="" if="" like="" membership="" name="" paypal,="" please="" td="" the="" the<="" to="" use="" would="" you=""><td>&gt;" at "Others". Please use PayNow if</td></applicant's>	>" at "Others". Please use PayNow if			
If your mailing address is outside of Singapore, please add S\$15 / year to help us defray additional states of the	ional postage costs. Thank you.			
MEMBERSHIP CARD AND PAYMENT RECEIPT				
Membership Card (please tick only one):				
( ) Please issue a new membership card to me				
( ) I will only need a new barcode sticker showing my new membership expiry date, which I v	vill paste over my existing			
membership card.				
Payment Receipt (please tick only one):				
( ) Please mail my payment receipt, the new membership card or just the barcode sticker, to	my mailing address.			
( ) I will collect my payment receipt, the new membership card or just the barcode sticker, from ABC Office. Please call me when				
it is ready for collection.				
MEMBERSHIP GIFT				
Please note that the membership gift is given on a first-come-first-served basis and the manathe gift without prior notification.	agement reserves the right to replace			
If you are mailing a cheque to us or using online payment, please present your payment membership gift(s).	receipt at our office to collect your			
Gift Collected (sign): Collection Date: Collection Rem	narks:			
FOR OFFICIAL USE				
Receipt No: Receipt Date:				

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