



SHARAN BAHUDDESHIYA SEVABHAVI SANASTHA ORGANIZATIONS MEMBERSHIP FORM

Date: DD / MM / 2015

DETAILS OF MEMBERSHIP



Name of organization in CAPITAL LETTERS

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Address

Tel. No:

Fax No:

E-mail address: _____ Web site: _____

Founded in (years) by

No. of members No. of branches / sub-centers

Are you in any way affiliated with other organizations? If yes, please explain.

- 1) _____
- 2) _____

Are you registered with the government? If yes, please provide details.

Officers and/or Board Members (Please attach a separate sheet if necessary)

Sr. No	POSITION	NAME	HOW LONG



References:

1. Name of a Buddhist organization

<input style="width:100%; height:100%;" type="text"/>

Full Address

<input style="width:100%; height:100%;" type="text"/>

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<input style="width:100%; height:100%;" type="text"/>

Tel. No:

Fax No:

E-mail address: Web site:

Relationship with your organization

<input style="width:100%; height:100%;" type="text"/>

2. Name of a Buddhist organization

<input style="width:100%; height:100%;" type="text"/>

Full Address

<input style="width:100%; height:100%;" type="text"/>

<input style="width:100%; height:100%;" type="text"/>

<input style="width:100%; height:100%;" type="text"/>

Tel. No:

Fax No:

E-mail address: Web site:

Relationship with your organization

<input style="width:100%; height:100%;" type="text"/>



A checklist of necessary documents required at the time of your application for SBSS membership:

- Filled and signed application form
 - Your organization chart, current list of Board Members, information about present membership level.
 - News and photographs of your organization's activities (latest magazine, newsletter, brochure, publications, etc...)
 - Letters of recommendations from two references
 - A certified bank statement (six-month back dated)
 - Registration fee of US\$ 20.00(1000 Rs)or equivalent
- Please note that membership fee of US\$ 20.00(**1000 Rs**) per year is due after your membership status is granted.
- Copies of the registration certificate of your organization with local government

THIS APPLICATION FORM IS SUBMITTED BY

Name : _____ Position: _____

Signature of Applicant

Date: DD / MM / 2015



FOR OFFICIAL USE ONLY: