

# SINGAPORE SOKA ASSOCIATION 新加坡创价学会

## BELIEVER REGISTRATION FORM 会友登记表

(Only for 18 years old and above) (只限18岁或以上者)

Personal Particulars 个人资料				
<div style="border: 1px solid black; padding: 5px; width: 100px; height: 100px; margin: 0 auto;"> <p><b>Colour Photo (Passport Size) 护照型彩照</b></p> </div>	NRIC No. 身份证号码	Citizenship 国籍		
	Name as in NRIC 身份证的英文姓名	Country of Birth 出生地		
	Chinese Name 中文姓名	Dialect 籍贯		
	Date of Birth 出生日期	Race 种族		
	Home Tel 住家电话号码	Marital Status 婚姻状况		
	Mobile 手机号码	Occupation 职业		
Email Address 电子邮址		Preferred Language English / Mandarin 语言 英语 / 华语		
Residential Address 住址	Block 大牌	Unit 门牌	Postal Code 邮区	
	Street 街名			
1st Day of Chanting 首日唱题日期	Zone 本部	Chapter 支部	District 地区	Division 部别

**Please read the following before signing:**

1. I have been participating in Singapore Soka Association activities for at least 3 months.
2. In registering as a believer with Singapore Soka Association, I accept the teachings of Nichiren Buddhism that is taught in Singapore Soka Association; and I agree to practice Nichiren Buddhism and to participate in the activities of the Association.
3. I also agree to the Association processing my personal data for the purposes of maintaining my Believer Registration with SSA; and for communication with me on activities held to foster my faith and understanding of Buddhism.

**请细读以下几点再行签名:**

1. 本人参加新加坡创价学会的活动至少有三个月。
2. 为登记成为新加坡创价学会会友，本人已接受学会所教导的日莲佛法，并同意修行日莲佛法和参与学会的活动。
3. 本人亦同意让学会处理有关的个人资料，一来是继续作为SSA会友，二来是方便通知本人参加有关深化对佛法的信心与理解的活动。

<b>Applicant's Signature</b>	<b>Date</b>
申请者签名 _____	日期 _____

MD District Chief 壮年部地区长		Respective Divisional District Chief 有关部别地区干事	
Name 姓名		Name 姓名	
Signature 签名		Signature 签名	
Date 日期		Date 日期	