

SINGAPORE SOKA ASSOCIATION 新加坡创价学会
BELIEVER REGISTRATION FORM 会友登记表

(For Believers from SGI countries only 只限来自国际创价学会的会友)

Personal Particulars 个人资料					
Applicant's Recent Colour Photo 申请者近照 (Passport Size 护照型)	Name as in NRIC 身份证的英文姓名				
	Chinese Name 中文姓名		Country of Birth 出生地		
	Citizenship 国籍		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
<p>Please read the following before signing:</p> <p>1. I have been participating in Singapore Soka Association activities for at least 3 months.</p> <p>2. In registering as a believer with Singapore Soka Association, I accept the teachings of Nichiren Buddhism that is taught and will participate in the activities of the Association.</p> <p>3. By signing this Believer Registration form, I agree that Singapore Soka Association may collect, use and disclose my personal data, as provided in this registration form, for the following purposes in accordance with the Personal Data Protection Act 2012 and our data protection policy</p> <p>(a) the processing of this Believer registration; and</p> <p>(b) the recording of these information in our system.</p> <p>请细读以下几点再行签名:</p> <p>1. 本人参加新加坡创价学会的活动至少有三个月。</p> <p>2. 为登记成为新加坡创价学会会友, 本人已接受日莲佛法所教导的, 并同意修行日莲佛法和参与学会的活动。</p> <p>3. 签署这份“会友登记表”表示我同意让新加坡创价学会 (SSA) 依据2012年个人资料保护法令和SSA的资料保护政策, 收集、应用和透露您填写在此表格的个人资料作为以下用途:</p> <p>(a) the processing of this Believer registration; and 进行此会友登记表格的处理</p> <p>(b) the recording of these information into our system. 将资料储存在我们的系统</p>					
Applicant's Signature			Date		
申请者签名 _____			日: _____		

* Please visit our website at (<https://ssabuddhist.org/pdpa/>) for further details on our data protection policy, including how you may access and correct your personal data or withdraw consent to the collection, use or disclosure of your personal data.

* 关于SSA的资料保护政策, 包括您如何能进入去更改您的个人资料或取消同意收集、应用和透露您的个人资料的详情, 可浏览 SSA网站(<https://ssabuddhist.org/pdpa/>)了解更多。

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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	

PARENTAL/ GUARDIAN CONSENT (FOR AGE BELOW 18 YEAR OLD TO REGISTER AS A BELIEVER)	
家长/监护人同意书 (18岁以下者申请会友登记)	
Parent/ Guardian's Particulars 家长/监护人资料	
Name as in NRIC (English) 身份证的英文姓名	
Relationship to the Minor 与未成年者的关系	Mobile 手机号码
<p>I certify that I am the parent / legal guardian of the minor, _____ (Name).</p> <p>I hereby give my consent for him/ her to become a practitioner of Nichiren Buddhism and a believer of Singapore Soka Association (SSA).</p> <p>我保证我是未成年者, _____ (姓名) 的家长/合法监护人。</p> <p>我同意他/她成为日莲佛法的修行者, 并且成为新加坡创价学会 (SSA) 会友。</p>	
_____ Signature of the Parent/Guardian 家长/监护人签名	_____ Date 日期