



Sagaramudra
Buddhist
Society
海印学佛会

世学课程报名表格

Secular Class Registration Form

5 Lor 29 Geylang Singapore 388060 Tel : 6746 7582
www.sagaramudra.org.sg

姓名		Name	
NRIC No. 身份证号码	Gender 性别	<input type="checkbox"/> M /男 <input type="checkbox"/> F /女	Date of Birth 出生日期
HP No. 手提电话	Off No. 办公室电话	Home No. 住家电话	
Email Add 电邮	Are you a volunteer of our Society? <input type="checkbox"/> Yes /是 您是本会护法? <input type="checkbox"/> No/不是		
Are you a member of our Society? <input type="checkbox"/> Yes /是 您是本会会员? <input type="checkbox"/> No/不是	Are you a full-time student /NSF? <input type="checkbox"/> Yes /是 您是在籍学生/国民服役人员? <input type="checkbox"/> No/不是		
本会会员可选择 不填以下资料 Member of Sagaramudra Buddhist Society may choose not to fill in the below information			
Educational Standard 教育程度		Occupation 职业	
Home Address 住址			
请在欲参加课程旁边的一个格子打钩 Please tick ONLY ONE of the courses you wish to participate			
<input type="checkbox"/> Taiji 太极班	<input type="checkbox"/> Chinese Calligraphy 书法班		
<input type="checkbox"/> Yoga 瑜珈班	<input type="checkbox"/> Flower Arrangement 插花班		
<input type="checkbox"/> Others 其他			
I declare that the above personal particulars are correct. 兹证明以上我所提供的资料正确无误。			
Date / 日期		Signature / 签名	
For Official Use / 本会专用			
Registration / fee collected by :		Receipt No. :	Amount: