



# MAHAMEVNAWA BUDDHIST MONASTERY WINNIPEG

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## Application for Free Membership

Personal Information		
Mr./Ms.	First Name:	
Middle Name(s):		
Last Name:		
Spouse Name / Company Name:		
<i>Current Address</i>		
Street No:	Apartment No:	
Street Name:		
City:	Province:	Postal Code:
<i>Telephone / Email</i>		
Tel (Home): (    )	Tel (Mobile/Other): (    )	
E-mail:		
Proposer Information (optional)		
Mr./Ms.	First Name:	Last Name:
Membership No:		
<i>I hereby certify nominated the applicant, who is personally known to me, for membership of the Association.</i>		
Signature of Proposer:		Date: YYYY / MM / DD
Applicant Signature		
Signature of Applicant:		Date: YYYY / MM / DD

Office Use Only	
Reviewed By:	Date Received   Reviewed: YYYY / MM / DD
Approved By:	Membership No:
Signature of Approver:	Date: YYYY / MM / DD