

AMBEDKAR MISSION

328 Passmore Avenue Unit # 20,
Toronto, Ontario, M1V-5J5
Canada

Charity # 855409447RR0001

info@ambedkarmission.com

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APPLICATION FOR MEMBERSHIP

Last Name: _____ First Name: Mr./Ms/Mrs. _____

Address: _____

City: _____ Province: _____ Postal Code _____ Country: _____

Telephone (Residence) _____ (Business) _____ e-mail: _____

I wish to enroll as member of the Ambedkar Mission with the following membership status.

Active Membership \$25 Yearly \$100 Yearly \$ 50 Monthly Other \$ _____

I am a Buddhist I am a supporter

Sponsored by: _____

Date: _____ Signature: _____

(PLEASE WRITE YOUR CHEQUE OR MONEY ORDER PAYABLE TO AMBEDKAR MISSION.)

For office use only

Date Membership Accepted by the Management Committee: MO _____ DAY _____ YEAR _____

Date of Renewal: MO _____ DAY _____ YEAR _____ Type of Membership: _____

Membership No. _____

*** This form is not valid unless signed by General Secretary or Assistant Secretary and stamped with corporate seal ***