

**International Ladies' Association of Buddhism**  
**Associate Membership Application**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ *Zip.*

**Tel / Fax:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Nationality :** \_\_\_\_\_

**Religion / Denomination (optional):**

\_\_\_\_\_

*If you belong to any companies, organizations or schools, please fill out the following (optional)*

**Name of Company / Organization:** \_\_\_\_\_

**Title of Position:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_

\_\_\_\_\_ *Zip.*

**Tel / Fax:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

*(Please type your name, when you make it in a data form)*

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_