

International Ladies' Association of Buddhism

Membership Application

Select type of membership

() Regular Membership () Student Membership

Name: _____

Address: _____

_____ Zip. _____

Tel / Fax: _____ / _____

Email Address: _____

Nationality : _____

Religion / Denomination (optional):

Name of person who introduced you to ILAB (two sponsors required):

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: _____ / _____

please go to the next page

■ *Why would you like to join to ILAB?*

■ *How are your views on Buddhism?*

Signature: _____
(Please type your name, when you make it in a data form,)

Date: ____ / ____ / ____

For inquiries, please contact us by sending your email to:
info_ilabuddhism@yahoo.co.jp