



**APPLICATION FOR MEMBERSHIP  
AS ASSOCIATED CENTRE OF THE WORLD BUDDHIST UNIVERSITY**

---

1. Name of Organization /Department/Faculty :.....
2. Address.....  
.....  
Tel:..... Fax:.....  
Email: ..... Website:.....
3. Founded in (year)..... by.....
4. Number of members: .....
5. Nature of Membership.....
6. Status of the Organization.....
7. Are you in anyway affiliated with, controlled by or controlling any other organization? If answer is YES, pleas explain in detail :  
.....  
.....
8. Are you registered with the Government? If so, give full details:  
.....  
.....
9. Officers/Office-bearers/Volunteers/(state if elected and for how long):
  1. Position..... Year(s).....
  2. Position..... Year(s).....
  3. Position..... Year(s).....
  4. Position..... Year(s).....
  5. Position..... Year(s).....
  6. Position..... Year(s).....
10. Objects, Services being provided:  
.....  
.....
11. References:  
.....  
.....
12. A Balance Sheet of(to date):.....is included.

**Note :** (I) Please use separate sheet if needed to state the facts  
(II) Attach necessary document including constitution/charter.

Signed by.....  
Title.....  
Date.....