KAGYU AFRICA

TIBETAN BUDDHIST MEDITATION CENTRES FOR WORLD PEACE & HEALTH

Kagyu Samye Dzong Johannesburg – K**SDJ** Kagyu Samye Dzong Randburg - **KSDR**
Tara Rokpa Centre - **TRC**

Tel 011 614 1948 • johannesburg@kagyu.org.za • www.kagyu.org.za

FOR OFFICE USE		
Number	**Office processed**	**Finance / Debit order**

MEMBERSHIP DONATION FORM

Date of Membership Application:					
Personal Information					
Title		**Name**		**SURNAME**	
Cell		**Tel (h)**		**Tel (w)**	
Email address					
Postal Address					

MEMBERSHIP OPTIONS

Please choose your preferred option by indicating in the boxes below.
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KSDJ ONLY **R130** a month **20% Membership discounts at KSDJ**

Tick	ACCOUNT NAME	A/C NUMBER	BRANCH	CODE	REFERENCE
	JHB Samye Dzong	1925 083 373	Nedbank Bedfordview	192505	"surname" mbrship

KSDR ONLY **R130** a month **20% Membership discounts at KSDR**

Tick	ACCOUNT NAME	A/C NUMBER	BRANCH	CODE	REFERENCE
	KSDR Rokpa Randburg	1925123987	Nedbank Bedford	192505	"surname" mbrship

TRC ONLY **R130** a month **15% discount for retreats at TRC**

Tick	ACCOUNT NAME	A/C NUMBER	BRANCH	CODE	REFERENCE
	Tara Rokpa Centre	62111707157	FNB, Bedford Gdns	25-21-55	"surname" mbrship

ALL CENTRES **R300** a month **Membership discounts apply**

Tick	ACCOUNT NAME	A/C NUMBER	BRANCH	CODE	REFERENCE
	JHB Samye Dzong	1925 083 373	Nedbank Bedford	192505	"surname" mbrship

PAYMENT OPTIONS

EFT/STOP Order	**Yes/No**	Debit Order	**Yes/No**
Other (Please state)			

Commencing on (month) _____ Sum of R _____ (monthly/annually)

For membership of (delete which is not applicable): **KSDJ KSDR TRC ALL**

I understand that I shall not be entitled to any refund of donations made to you.

Signed_____ on this _____ day of_____ 20___

Please send proof of payment to:
Johannesburg@kagyu.org.za or Johannesburg@kagyu.org.za or trc@vodamail.co.za

DEBIT ORDER MEMBERSHIP DONATION AUTHORISATION

Bank name:_____ Branch Name:_____

Account No:_____ Branch No:_____

I hereby authorise and 'instruct' you to draw against my account with the above-mentioned bank account the sum mentioned in #2 above.
The payment will be made in the 1st week of each and every month. All such withdrawals from my bank account by you shall be treated as though they had been signed by me personally. I agree to pay any bank charges relating to this debit order instruction. This authority may be cancelled by me by giving 10 days written notice.

I understand that I shall not be entitled to any refund of donations made to you.

Signed_____ on this _____ day of_____ 20___

MAILING LIST

YES

☐ KSDJ (Kensington) MAILING LIST

☐ KSDR (Randburg) MAILING LIST

☐ TRC (Tara Rokpa Centre) MAILING LIST

SERVICE VOLUNTEER

You may wish to volunteer your services **in addition to** a membership contribution. Please indicate below and we will send you a list of the areas in which we would welcome your contribution – from gardening and the soup kitchen to assisting with registration at courses and events.

☐ YES, I WISH TO VOLUNTEER SERVICES

Please return this form to us – by hand, scanned and emailed or by fax to 011 614 1948

****Please note under the rules of our constitution we reserve the right to not accept as members people with views and behaviour contrary to our aims****