



Indiana Buddhist Center Inc. Membership Form

Name: _____

Date: _____

Address: _____

Membership Type _____

Membership Num. _____

Telephone: _____

Membership Exp. _____

Email: _____

On Group List? _____

By signing this document, I understand I am to agree to abide by the rules, regulations, and bylaws of the Indiana Buddhist Center Inc. I may freely withdraw membership at any time by submitting notification to any board member. Membership benefits are contingent upon being up to date on any and all dues owed.

Signature _____

Date: _____

Notes: _____
