



佛光山日內瓦會議中心皈依三寶典禮報名表

IBPS SWITZERLAND - Taking Refuge Ceremony Application Form

姓名 (中文) Name(in Chinese)		姓名 (外文) Name (in English)		性別 Gender	<input type="checkbox"/> 男 M <input type="checkbox"/> 女 F
出生日期 Date of Birth	(日/月/年 D/ M/Y)	國籍 Nationality		身高 Height _____cm	體重 Weight _____kg
學經歷 Academic Achievement & Experiences		專長 Skills		服務機關 Company Served	
電話 Telephone	(住家/Res.) (手機/Mobile)	傳真 Fax		職業 Occupation	
通訊處 Corresponding Address			Email :		
求皈依因緣 Relationship with Buddhism					
1. 常親近的道場 Local Branch Temple					
2. 學佛時間 Years of experience in Buddhism	一年以上 五年以上 十年以上 其它_____				
3. 您是 : You are	佛光會員 會長 督導 理事/監事 BLIA member Chairman Elder Advisor Committee members 功德主 道場義工 一般信徒 其他_____				
同意條款 Terms of agreement 本人了解並同意佛光山寺及派下各單位得將本人所填寫的個人資料蒐集、處理、使用在功德徵信、法會、活動及未來各項活動通知、帳務處理與功德主提報等作業。且本人提供予道場之資料若包含本人以外之個人資料時，本人已以適當方式使該人等知悉其個人資料會提供予佛光山寺派下相關單位，進行蒐集、處理或利用。 I understand and agree that Fo Guang Shan monastery and its subunits will collect and store my personal information that I provided, and will use it for the purposes of donations auditing, Dharma services, events, notification of future events, accounting management, reporting of benefactors, and so on. If I have provided another individual's personal information to the monastery, I have informed that individual with an appropriate method that his/her personal information will be collected, stored and used by Fo Guang Shan monastery and its subunits.			簽名 Signature		
簽名 Signature:			日期 Date:		
			受理單位填寫 For Official Use Only		
			受理單位/ 審核意見 Branch Temple /Comments		

※ 請以正楷字體填寫完整及清楚，以利後續作業，阿彌陀佛！

※ Due to prompt Processing, please complete the Form with **block letter!**