



Kelowna Buddhist Temple

Temple Membership Form

Date: _____

Family Name: _____

Given Name: _____

Date of Birth: _____

Spouse: _____

Date of Birth: _____

Address: _____

_____ Postal code: _____

Telephone #: _____

Email Address: _____

Children:

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Details of Full Membership and Sustaining Dues – plus Associate Membership can be found on the web Site under Membership Entitlement or by contacting any member of the Temple Executive:

Please Return completed form to:

Kelowna Buddhist Temple Membership Committee

P.O. Box 22092, RPO Capri Center, Kelowna, B.C. V1Y 7S9

web: www.kelownabuddhisttemple.org phone: (250) 763-3827 email: kbtemple@telus.net street address: 1089

Borden Avenue, Kelowna, B.C. V1Y 6A7

mailing address: PO Box 22092, RPO Capri Centre, Kelowna, B.C. V1Y 9N9