



BODHI CHARITY FOUNDATION / HỘI HƯỚNG THIỀN BỒ ĐỀ
P.O. Box 730008, San Jose, CA 95173; Tax ID # 83-2391908

REGISTRATION FORM

Full name: _____ Dharma name: _____ Gender: _____

Date of birth: _____ Place of birth: _____ Occupation: _____

Address: _____

Telephone: _____ Email: _____

I volunteer to sign up as a Member of Bodhi Charity Foundation.

I am aware that the purpose of Bodhi Charity Foundation (the Organization) as a public, non-profit organization, is to practice compassion and understanding and fundraise in various ways so as to offer humanitarian aid to the underserved in the poorest communities around the world and help them realize their full potential.

As a Member, I will abide by and conduct in accordance with the Organization's Bylaws. I will involve in the Organization's activities as regularly as I could, and support the Organization as well as give my support to other members, for the benefits of the Organization and those it serves.

May all beings be well and happy.

_____, month _____ day _____ year _____

Signed,

(Print name)