



THE BUDDHIST COUNCIL OF NEW YORK
MEMBERSHIP APPLICATION FORM/ MEMBERSHIP RENEWAL FORM
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(Please print or type)

Name: _____

Organization's Name: _____

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Signature of applicant _____ Date ____ / ____ / ____

My pledge for the fiscal year of 20____ (January 1 – December 31)

Organization \$150 per year

Individual \$75 per year

**** Please make your check payable to: **“Buddhist Council of New York, Inc.”**

Mail check and this form to our treasurer Ven. Dhammajothi

Attn: Ven. Dhammajothi (BCNY)

New York Buddhist Vihara

21422 Spencer Ave

Queens Village, NY 11427

*Please be a part of the Buddhist Council of New York
We appreciate your donation to the BCNY*