



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 website under Membership Entitlement or by contacting any Temple Executive.

Please Return completed form to:

Kelowna Buddhist Temple Membership Committee

Email: membership@kbtemple.ca

Phone: 250-763-3827

Mailing address: P.O. Box 22092, RPO Capri Center, Kelowna, BC V1Y 7S9

Street address: 1089 Borden Avenue, Kelowna, BC V1Y 9N9

Website: www.kelownabuddhisttemple.org