

**TORONTO MAHAVIHARA SOCIETY**  
 4698 Kingston Road, Scarborough, Ontario M1E 2P9, Canada  
 Telephone :( 416)208-9276 E-mail:torontomahavihara@rogers.com  
 The CRA charity registration number:119266898RR0001(www.cra-arc.gc.ca/charities)

**APPLICATION FOR MEMBERSHIP**

1. Name: Title: Mr. /Mrs. /Ms. Last name.....  
 First name.....  
 Address: Street.....Apt #..... City.....  
 Postal code..... E-mail.....
2. Telephone: (Home)..... (Work).....(Mobile).....
3. Type of Application:       New                                       Renewal
4. Membership Categories:  
 Regular Member (Select amount from Fee Structure Below)  
 Associate member (below 18 years of age only. Annual contribution of \$ 25.00 CDN)  
 Sponsored by: Name..... Relationship.....Tel. No.....
5. Fee Structure (as approved at the Annual General Meeting held on 2<sup>nd</sup> November, 2025)  
 \$ 25.00 CDN Member (monthly)                                       \$ 75.00 CDN Member (quarterly)  
 \$ 150.00 CDN Member (bi-annually)                                       \$ 300.00 CDN Member (annually)  
**Optional (monthly) solely discretionary**  
 \$ 50 CDN Gold Member  
 \$100 CDN Platinum Member
6. Methods of Payment
  - PAD (Pre-authorized Debit) – “preferred”
  - Pay Pal
  - Cheque – Payable to “Toronto Mahavihara Society”
  - Cash (at Temple Office)

Membership contributions are the primary source of income for the operation of Toronto Mahavihara. Members who are current with their fees are entitled to vote at General Meetings and may use the reference Library which houses an extensive collection of books and videos on Buddhism. Members also receive Society Newsletters and event notifications regularly. Please mail your application duly perfected to the address given above with the membership fee payable as per “Item – 07, above i.e. “Method of Payment”. Tax receipts will be mailed to you at the end of the year to the address provided.

✗ Signature:..... Date(dd/mm/yyyy).....

<b><u>For Office Use Only</u></b>	
Date, membership granted/renewed.....	Membership Number.....
Hon. Secretary(Signed).....	Date .....



# TORONTO MAHAVIHARA SOCIETY

## PAYOR'S PAD AGREEMENT

### Personal Pre-Authorized Debit Plan

Authorization of the Payor to Payee Direct Debit an Account



#### Instructions:

1. Please complete all sections in order to instruct the Payee to debit payments directly into your account.
2. Return the completed form with a blank cheque marked "VOID" to the Payee at the address noted below

#### Agreement:

I authorize the Payee indicated below to draw debits for the purpose of making payment for donation (a "Personal PAD"), on my Account at the financial institution indicated on the attached VOID cheque and I authorize the Financial Institution to honor and pay such debits.

I have certain recourse rights if any debit does not comply with this PAD Agreement such as the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement in terms of provisions given in [www.cdnpay.ca](http://www.cdnpay.ca).

I retain the right to cancel this pre-authorized debit agreement at any time by giving notice of 10 days in writing to the Payee

#### PAYOR INFORMATION *(Please type or print clearly)*

Payor First Name		Payor Last Name:	
Residential Address – Street No. and Name		City and Province	Postal Code
Telephone	E-mail		

#### PAYEE INFORMATION

Payee Name: TORONTO MAHAVIHARA SOCIETY – Non-Profit Charity Organization. CRA Charity Registration Number: <b>119266898RR0001</b> Address: 4698 Kingston Road, Scarborough, ON M1E2P9 Telephone: (416) 208-9276. E-mail: <a href="mailto:torontomahavihara@rogers.com">torontomahavihara@rogers.com</a>
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#### PAYMENT INFORMATION

Payor Account To Be Debited:	Institution Number	Branch Number	Account Number
Please check the box for fixed Amount and enter amount in the box in front  Fixed Amount                      Enter Amount \$		Occurring at (Please Check)  Monthly	
Payor Signature			Date