

**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 .....