## Application to Receive the Gohonzon

**FOR NEW MEMBERS ONLY**

**SDI-USA**

**APPROVAL** *(Conferral Guidelines Have Been Met)*

**WD/MD District or any 4D Chapter Leader’s Name (Print)**

**Signature**

**FREE Foreign Language Supplement:** Please select one, available with the World Tribune print edition only.

- None
- Chinese
- Spanish
- Japanese
- Korean

If current subscriber, indicate Membership ID #

**World Tribune and Living Buddhism**

Please check one of the following:

- Print and e-Editions
- e-Editions only

**FREE Foreign Language Supplement:**

Please select one, available with the World Tribune print edition only.

- None
- Chinese
- Spanish
- Japanese
- Korean

If current subscriber, indicate Membership ID #

**GO GREEN!** Would you like to get renewal notices by E-mail?

- Yes
- No

**APPROVAL** *(Conferral Guidelines Have Been Met)*

**1-YEAR INTRODUCTORY SUBSCRIPTION RATE ORDER FORM**

**World Tribune and Living Buddhism**

Please check one of the following:

- Print and e-Editions
- e-Editions only

**FREE Foreign Language Supplement:**

Please select one, available with the World Tribune print edition only.

- None
- Chinese
- Spanish
- Japanese
- Korean

If current subscriber, indicate Membership ID #

**GO GREEN!** Would you like to get renewal notices by E-mail?

- Yes
- No

**APPROVAL** *(Conferral Guidelines Have Been Met)*

**TOTAL ORDER AMOUNT**

<table>
<thead>
<tr>
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<th>Amount</th>
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<tbody>
<tr>
<td>Subscription</td>
<td>$30</td>
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<tr>
<td>Gohonzon Processing Fee</td>
<td>$20</td>
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<tr>
<td><strong>TOTAL AMOUNT</strong></td>
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**PAYMENT INFORMATION**

- Cash
- Check or money order enclosed made payable to SGI-USA.

**RECEIPT**

The SGI-USA has received the sum of $ __________ from __________________________

Received by: Representative of SGI-USA

**Signature**

**Date**

**SGI-USA respects the privacy of your personal information. This information is collected for internal organizational use only and will not be disclosed to third parties outside of the SGI-USA organization.**

*INDIVIDUAL MEMBERSHIP CARDS MUST BE COMPLETED FOR EACH FAMILY MEMBER JOINING.*

Prior to Gohonzon conferral, please remove the Gohonzon ID# from the Gohonzon box and stick it here.
FAMILY MEMBERS ALSO JOINING WITH APPLICANT (Please make a separate membership card(s) for family members joining)

First and Last Name

MD  WD  YMD  YWD  YMD JHHS  YWD JHHS  ESD/PRE-ESD

Please circle one

Relationship

*Membership Card Completed (check box)
## Additional Information

### STUDY EXAMS COMPLETED

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<thead>
<tr>
<th>Level</th>
<th>Pass</th>
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<td>Introductory</td>
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<td>Essentials 1</td>
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### Please check the type of Gohonzon you have:
- [ ] Standard (*Okatagi*)
- [ ] Large (*Okatagi*)
- [ ] Portable (*Omamori*)

### EMERGENCY CONTACT INFORMATION *(Please print clearly)*

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<tr>
<th>Name</th>
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<table>
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