

BCV Membership Form 1 July 2025 to 30 June 2026

Membership for 2025-26 is now due.

If you are a current member, only submit the form if it requires updating.

It is important for the BCV to have your current details to best serve your organization and the Victorian Buddhist community.

- * Denotes mandatory field that must be completed.
 - Membership is not automatic and applications from new members must be approved by a meeting of the BCV committee before being granted membership.
 - New applicants are expected to accept and abide by the vision, values, and mission statement of the BCV as expressed in the Constitution and to conduct themselves in a truthful, harmonious and respectful manner in accordance with the Buddha's teachings on Right Thought, Action and Speech.

	Your Organiz	ation	
*Organization/Individual Name:		*Street Address:	
*Registered Name {if different from above):		Postal address (if other than above):	
ABN No:		Date of Registration:	
Number of Sangha in your {local) organization: D 5-10 D 10-20 D over 20		Number of lay members of your community: D 1-9 D 10-19 D 20-49 D 50 and above {please state}	
Website Address:		*Buddhist Tradition or School (include lineage)	
*Name of primary contact and their position:		*Email Address:	
*Preferred Language:		*Phone Numbers:	
Se	rvices and Activities of ` Please tick those	_	n
D Meditation ClassesD Youth GroupD Children's Classes	D Counselling Services D Chaplaincy Services D Funeral Services		D Other (Please state)
For Renewing members Please send completed form with \$70 By mail to: The Administrator, Buddhi Make your cheque or money order pay OR Send an email to: administrator@bcv Account Name: BCV Main Account BSB: 063 806 Account No: 10044200 Please record your temple/organization For new applicants Please complete the form and submit When your application is approved, we	st Council of Victoria, 36 lyable to "Buddhist Council of Victoria, 36 lyable to "Buddhist Council". org.au with a screenshot on as a reference in the base to administrator@bcv.org/e will send you a request to administrator.	of Victoria Inc." of your EFT renevank transfer. au for payment of the	wal payment to: membership fee.
Approved (office use only)	Date {office use only)		Member number (office use only)