



Membership registration form

Date: _____

Membership Type: () Individual () Organization () Honorary

Name of Organization: _____

If Monastic please indicate Tradition (Yana) _____

Name Individual: First: _____ Last: _____

Mailing Address: _____

Zip code _____ Phone: (O) _____ (Cell) _____

Email: _____

No Membership Fees

Membership Rules (Please see details at www.IBAA.org)

<p>Official</p> <p>() Individual () Organization () Honorary</p>	<p>Official</p> <p>Membership No.</p> <p>_____</p>
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IBAA is a nonprofit tax-exempt religion organization under section 501 (C) (3) of the Internal Revenue code. Donations are Tax deductible as allowed by laws.

Please mail this registration form to:

International Buddhist Association of America
P.O. Box 464
Lorton, VA 22199

THANK YOU