



UNITED GURUNG BUDDHIST ORGANIZATION OF AMERICA

गुरुङ जातिको परम्परागत संस्कार, संस्कृति र बौद्ध धर्मको संरक्षणका लागि एक मात्र संस्था

MEMBERSHIP REGISTRATION FORM

1. PERSONAL INFORMATION

Date: ____ / ____ / ____

First Name *	Middle Name	Last Name *
Type of Gurung *	Date of Birth (MM/DD/YYYY) *	Phone Number *
Email Address *		
Street Address (House / Apartment / Unit) *		
City *	State *	ZIP Code *
Father's Name	Mother's Name	Spouse Name
Position in UGBOA (If any)	Gender *	
	☐ Male ☐ Female ☐ Other ☐ Prefer not to answer	

2. FAMILY MEMBERS (List up to 9 members, including yourself if you wish)

No.	First Name	Last Name	Relationship to You	Date of Birth (MM/DD/YYYY)	Phone Number	Email Address
1						
2						
3						
4						
5						
6						
7						
8						
9						

3. MEMBERSHIP GUIDELINES (Please read and check all boxes to confirm your agreement.)

- | | |
|--|---|
| <p>1 ☐ I voluntarily choose to become a member of UGBOA without pressure or obligation.</p> <p>2 ☐ I confirm that the information I provide is true and accurate.</p> <p>3 ☐ I agree to pay the applicable membership fee and support UGBOA's mission and activities.</p> <p>4 ☐ I agree to follow UGBOA's bylaws, rules, regulations, policies, and official decisions.</p> <p>5 ☐ I authorize UGBOA to use my photos and videos for its social media, publications, and promotional purposes.</p> <p>6 ☐ I will not post or share content that is offensive, disrespectful, discriminatory, or harmful to any individual, culture, religion, or community.</p> | <p>7 ☐ I understand that I am personally responsible for content I independently post or share, and UGBOA is not responsible for my personal actions.</p> <p>8 ☐ I will treat all members, leaders, religious teachers, and community members with respect and dignity.</p> <p>9 ☐ I will maintain confidentiality when organizational matters are designated as private or confidential.</p> <p>10 ☐ I will not misuse UGBOA's name, logo, funds, property, or resources for personal purposes or without authorization.</p> <p>11 ☐ I will not represent or make official statements on behalf of UGBOA unless authorized to do so.</p> <p>12 ☐ I understand that serious or repeated violations of UGBOA's bylaws, policies, or guidelines may result in disciplinary action, suspension, or termination of membership in accordance with UGBOA's bylaws and procedures.</p> |
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I have read and agree to the above Membership Guidelines.

Member Signature: _____ Date: ____ / ____ / ____

4. FOR OFFICIAL USE ONLY

Member ID:		Receipt No.:		Date Received:	
Donation Method:	☐ Cash ☐ Check ☐ Zelle ☐ Other	Amount: \$	Received By: _____		
Status:	☐ Active ☐ Inactive	Remarks:	_____		



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