



Canada

# Annual Subscription Form / 年度訂閱表格

Please enter all information. 請填寫以下資料 (姓名欄填寫英文名字)

First name 名: \_\_\_\_\_ Last name 姓: \_\_\_\_\_

Address 地址: \_\_\_\_\_

City 市: \_\_\_\_\_ Province 省: \_\_\_\_\_ Postal Code 郵碼: \_\_\_\_\_

Tel. No (Home) 住宅電話: \_\_\_\_\_ Mobile No 手機電話: \_\_\_\_\_

Email 電郵: \_\_\_\_\_

(For SGI Canada members only 加拿大SGI學會員填寫):

Area本部: \_\_\_\_\_ Chapter支部: \_\_\_\_\_ District 地區: \_\_\_\_\_

Membership Number (if applicable) 學會員號碼(如適用): \_\_\_\_\_

## Subscriptions 訂閱

All prices in Canadian funds and include GST or HST. Please allow about 8 weeks for processing and delivery.

所有價格為加幣, 包 HST 或 GST。處理及遞送時間為期 8 星期。

<input type="checkbox"/> <b>\$72 - New Century/Soka 新世紀/創價</b> 訂閱數目: _____	<input type="checkbox"/> <b>\$60 - Ère Nouvelle (French language) 新世紀(法文版)</b> 訂閱數目: _____
<input type="checkbox"/> <b>\$60 - From Today Onward</b> 訂閱數目: _____	<input type="checkbox"/> <b>\$60 - Chinese New Century 新世紀 (中文版)</b> 訂閱數目: _____
<input type="checkbox"/> <b>\$72 - 大白蓮華 (Japanese Language 日文)</b> 訂閱數目: _____	

訂閱金額全數: \$ \_\_\_\_\_

**Method of Payment (VISA Credit card and Mastercard are accepted. We do not accept VISA Debit Card.)**

付款方式 (VISA 和 Mastercard 咭, 不接受 VISA Debit 咭).(Choose one - Please print clearly 選擇以下一項 - 請清楚填寫):

**Cheque for CAD \$ \_\_\_\_\_ enclosed (附上支票銀碼).**

Please make cheque payable to 支票抬頭: **SGI Canada**

**VISA Credit Card or Mastercard Number (Credit Card must be issued in Canada 信用卡必定是由加拿大發出)**

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Expiry有效期至(month and year 月/日): \_\_\_\_\_ CVC (咭背面3位數字): \_\_\_\_\_

Credit Card Holder Name 信用卡持有人姓名 \_\_\_\_\_

(Please print clearly 請清楚填寫)

**Total Amount to charge credit card 信用卡支付總額 CAD \$ \_\_\_\_\_**

**Please note: All credit card payments are withdrawn within the month the form is received or the soonest processing month. You are responsible to inform SGI Canada well in advance of any change(s) to your bank account or expiry of credit card.**

請注意: 所有信用卡款項將於表格收到後的當月或最快處理月過數。你有責任通知加拿大國際創價學會有關於你銀行帳戶變更或信用卡到期。

I acknowledge that I have read, understood and accepted all the provisions contained in this form.

茲證明我已閱讀、明白和接受表格上一切條文。

Signature of Payer 付款人簽名: \_\_\_\_\_ Date 日期: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Month 月 Day 日 Year 年