



# 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 電話(Home 家): \_\_\_\_\_ Mobile No 手機: \_\_\_\_\_

Email 電郵: \_\_\_\_\_

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

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

### Subscriptions 訂閱

All prices in Canadian funds and include GST or HST. Please allow 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</b> <b>新世紀/創價</b> 訂閱數目: _____	<input type="checkbox"/> <b>\$72 - Ère Nouvelle (French language)</b> <b>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</b> 新世紀 (中文版) 訂閱數目: _____	<input type="checkbox"/> <b>\$96 - 大白蓮華 (Japanese Language 日文)</b> 訂閱數目: _____	

訂閱金額全數: \$ \_\_\_\_\_

**Method of Payment (VISA / Mastercard are the only credit card we can accept)** 付款方式 (只限VISA/Mastercard)

(Choose one - Please print clearly 選擇以下一個 - 請清楚填寫):

**Cheque for CAD \$** \_\_\_\_\_ **enclosed** (附上支票的銀碼)

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

Credit card Number

(Credit card must be issued in Canada) VISA / Mastercard 號碼 (必定是加拿大發出之信用卡)

Expiry 有效期至 (month and year 月 年): \_\_\_\_\_ CVV 號碼 \_\_\_\_\_ (信用咭背後的三個數字)

Card Holder Name 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**Please note:** All payments are withdrawn within the month the form is received in our offices or the upcoming processing month. You are responsible to inform SGI Canada well in advance of any change(s) to your bank account or credit card expiry.  
 請注意: 所有付款將於每月28日過數。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(M/D/Y)日期(月/日/年) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_