Sri Lanka Medical Association

6, Wijerama Mawatha, Colombo 7, Sri Lanka
Phone: 00 94 11 2693 324. Fax 00 94 11 2698 802. email: slma@eureka.lk

APPLICATION FOR MEMBERSHIP

Title: (Delete Inappropriate Word)
Dr. | Prof.

Surname:

Other Names:

Date of Birth: / /

Sex: **Male:** **Female:**

Address for Correspondence:

Contact Telephone Numbers:
Home
Office
Mobile:

Email Address:

Qualifications:

Sri Lanka Medical Council Registration No:

Preinterns: Attach a copy of graduation certificate or letter from University confirming successful completion of final MBBS.

Current Position / Designation:

Place of Work:

I hereby apply for admission as a Life/Ordinary/Overseas Member (delete the inappropriate words) of the Sri Lanka Medical Association (SLMA) and undertake to abide by the Memorandum and Articles of Association of the SLMA.

Signature ***Date*** / /

Note: Membership is open to Sri Lankan Doctors who hold a Medical Degree registrable with the Sri Lanka Medical Council. Doctors residing overseas should resister as overseas members.
Cheques should be made in favour of the "Sri Lanka Medical Association" and crossed A/C Payee Only.

Proposer: **Signature:**
Seconder: **Signature:**
The proposer and seconder should be members of the SLMA.

For Official Use:

Date of Receipt of Application: / /
Subscription: Rs. 2,500/- Rs. 10,000/- US$ 250 Receipt No:
Date of Council Approval: / / *If Cheque:*
Membership No: Bank:
Date of Posting Letter of Confirmation: / / Cheque No: