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 STUDENT MEMBERSHIP

Title: (Delete Inappropriate Words)
Mr. | Mrs. | Miss.

Surname:

Other Names:

Date of Birth: / /

Sex:
Male: **Female:**

Address for Correspondence:

Contact Telephone Numbers:
Home:
Hostel:
Mobile:

Email Address:

Name of Medical Faculty/University:

Student Registration No:

I hereby apply for admission as a Student Member of the Sri Lanka Medical Association (SLMA) and undertake to abide by the Memorandum and Articles of Association of the SLMA.

/ /

Signature ***Date***

I certify that the information given above is correct and this student is a registered student of this Medical Faculty.

/ /

Signature & Official Seal ***Date***

Note:
Student Membership of the SLMA is open to Registered Medical Students in Medical Faculties in Sri Lanka, and Sri Lankans who are studying in Universities overseas for a Medical Degree resistrable with the Sri Lanka Medical Council.

Official Official Use:

Date of Recipt of Application: / /

Annual Subscription: Rs. 100/= , Joining fees Rs. 500/- Receipt No: ____________

Date of Council Approval: / /

Membership No:

Date of Posting Letter of Confirmation: / /