



SRI LANKA LIBRARY ASSOCIATION

NON CORPORATE MEMBERSHIP APPLICATION FORM

Part 1

Office Use only

Membership No:

Please attach a Passport Size Photograph together with the Membership Application Form or email to: slia@slitnet.lk

Full Name (In Block Letters):

Name with Initials: Rev/Dr/Mr/Mrs/Miss:

Date of Birth: NIC No :email :

Address(Residence):

Telephone (Residence): :

Address (Official):

Telephone (Official/Mobile):

Employment: (a) Organisation:

(b) Designation:

Academic Qualifications:

Degree/Diploma	Institution	Year

Professional Qualifications:

Degree/Diploma	Institution	Year

Field of Interest :

Choice of SLLA Group: Academic /Government /Public /School /Special / National

I certify that the information furnished in this application is true and correct. Please direct all SLLA Correspondence to my Office/Home address.

.....
Date

.....
Signature

Note: Please submit this application with certified copies of certificates to The General Secretary, Sri Lanka Library Association, OPA Centre, 275/75, Prof. Stanley Wijesundera Mw., Colombo 07. Any changes in your contact details should be promptly notified to the General Secretary.

PART 11

In order to obtain Membership of the Sri Lanka Library Association, your name should be proposed and Seconded by a Corporate Member (Associate Member) of the Sri Lanka Library Association.

Proposed by : Rev/Dr/Mr/Mrs/Miss

Signature: Membership No:.....

Date:

Seconded by : Rev/Dr/Mr/Mrs/Miss

Signature :..... Membership No:.....

Date:

PART 111 (For Office Use Only)

Action	Date & Initials	Ref. No:	Remarks
Application Received			
Application Submitted to Ex-co by the General Secretary			
Decision of Ex-co Notified to Member			
Payment Received / Receipt Issued			