



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

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. or by email to gs@slla.lk / info@slla.lk Any changes in your contact details should be promptly notified to the General Secretary. For any further inquiries you may contact the SLLA administrative office through info@slla.lk

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			