

APPLICATION FOR ASSOCIATESHIP

Membership No :.....
Date Issued :

1. Full Name : (Rev./Prof./Dr./Mr./Mrs./Ms.)
2. Name with Initials :
3. Present Designation :
4. Present Address (Official) :
5. Present Address (Personal) :
6. Tel. No. (Official) :(Personal) :.....(Res.) :.....
7. Email Address :(WhatsApp No.) :.....

8. Professional / Educational qualifications obtained:*

No.	Diploma/ Higher Diploma/ Degree/ Postgraduate etc.	University / Institute	Period of enrolment		Index No.
			From	To	
1					
2					
3					

* (If the space is not sufficient, please use an additional paper)

9. Working Experience :*

No.	Library / Institute	Designation	From	To	Name of the Librarian (If applicable)
1					
2					
3					
4					

* (If the space is not sufficient, please use an additional paper)

10. State your contributions to the development of Library and Information Services during last five years. (Provide a report attached to the application):
11. Any other particulars relevant to the application : (If the space is not sufficient, please use an additional paper):

I confirm that I have read the guidelines and prepared the application as instructed and I have attached all relevant certificates & documents. I also agree that if the above particulars provided by me are proved to be incorrect, my application will be rejected. If the details are found to be false after awarding the Associateship, the SLLA has the right to withdraw the Associateship from me.

Date:

Signature of Applicant :.....

Note:

1. 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.**
If any changes in your contact details should be promptly notified to **the General Secretary.**
2. Please attach following certificates & documents (Certified by relevant authorities):
 - a. SLLA membership letter
 - b. Service letter
 - c. LIS Educational / Professional qualifications and other relevant documents.
 - d. Report on contributions for the development of Library and Information Services.

REPORT OF THE 'SUPERVISOR'
(Supervisor/Librarian/Mentor should be a Corporate Member of the SLLA)

1. Name of Candidate : (Rev./Prof./Dr./Mr./Mrs./Ms.) :
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2. Name of Supervisor :
3. Supervisor's Membership No. :
4. Present Designation :
5. Address (Official) :
6. Address (Personal) :
7. Telephone No. (Official/Personal):
8. Professional Qualifications :

I recommend the above applicant for the Associate Membership of the Sri Lanka Library Association, and I have known this applicant since (state the year) in the capacity of (Supervisor/Librarian/Mentor etc.)

Date:

Signature:

FOR OFFICE USE ONLY

A. Education Officer's Report

Particulars given in **no.8** are correct/ incorrect. Application recommended/ not recommended.

Date:.....

Signature :

B. General Secretary's Report

Particulars given in the application are correct. Application recommended to the Ex-Co.

Date:.....

Signature :

C. Council Decision

The council at the meeting held on approved the award of Associateship.

.....
President

.....
General Secretary

D. Registration

Certificate No. issued. Name entered in the Associateship Register.

.....
General Secretary