



Sri Lanka Medical Association

NO 6, WIJERAMA MAWATHA, COLOMBO 7.

Tel: +94-1-693324, Fax 91-4-698802, e-mail:slma@eureka.lk

Application for Student Membership

(Please use block letters)

Name in Full:

.....

Private Address:

.....

Official Address:

.....

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

Signature:

Date:

FOR OFFICE USE

Date of Receipt of Application:

Annual Subscription: Rs.

Receipt No: