# PERINATAL SOCIETY OF SRI LANKA (PSSL)

**C/o Sri Lanka College of Obstetricians and Gynaecologists**,

**No. 112, Model Farm Road, Colombo 08. Sri Lanka**

# APPLICATION FOR ORDINARY/ ASSOCIATE MEMBERSHIP

(Please fill in block letters)

Full name: …………….………………………………………………………………………………………….…………………………….

……………………………………………………………………………………………………………………………………………..……….

Name with initials: ………………………………………………………………………………………………………………………….

Date of birth:

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| --- | --- | --- |
| DD | MM | YYYY |

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NIC/Passport number:

Designation: …………………………………………………………………………………………………………………………………...

Official address: ……………………………………………………………………………………………………………………………...

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Official phone number: .................................................................................................................................................................

Residential address: ……………………………………………………………………………………………………………………......

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Phone number/s: Mobile: ………………………………………………… Land: ………………………………………………….

E-mail address/es: ………………………………………………………………………………………………………………………....

SLMC Registration No:

Membership category: **Ordinary / Associate** (please circle)

*I hereby apply for admission as an Ordinary member/ Associate member of the Perinatal Society of Sri Lanka (PSSL) and undertake to abide by the Memorandum and Articles of Association*.

Signature of the Applicant: …………………………………………………………………….

Date: ………………………………………………………………………

# PERINATAL SOCIETY OF SRI LANKA

**FOR OFFICE USE ONLY**

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Date of receipt of application:

Payment method: Cash/Cheque/Other (please specify) ……………………………………………………………………

(Please draw your cheque in favour of Perinatal Society of Sri Lanka or deposit your cash to Ac/No 0001781644 BOC – Branch: Regent Street and attach your slip)

Details of payment (e.g. Cheque number/ bank etc.): ………………………………………………………………………...

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| Rs. |

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Amount received: Receipt number:

Treasurer’s signature: ……………………………………………………………

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| DD | MM | YYYY |

Date of approval:

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Registration number:

Secretarial Assistant’s signature: ………………………………………………