

**APPLICATION FOR MEMBERSHIP OF THE
SRI LANKA COLLEGE OF MICROBIOLOGISTS**

1) Surname with Initials :-----

2) Names Denoted by Initials:-----

3) Date of Birth: -----

4) Gender: Male/Female

5) Official: Address :-----

Telephone :----- Mobile :-----

6) Private : Address :-----
(Preferably permanent)

Telephone :----- Email :-----

7) Academic Qualification :-----

8) Official Designation :-----

9) Address to which letters should be sent : -----

Information Regarding Spouse (for the purpose of addressing invitations)

10) Name of Spouse : -----

11) Title (Prof. , Dr. , Mr / Mrs) :-----

Here by this I assure that all the information provided by me are accurate

Signature

Date

Proposed by :-----
(Name & Signature)

Seconded by :-----
(Name & Signature)

Life Membership : SLR 4,000/- (Life membership has to be approved at the General Meeting)

Payment should be made to the Treasurer along with the application.