



SRI LANKA ASSOCIATION
FOR
FISHERIES AND AQUATIC RESOURCES
(SLAFAR)

APPLICATION FOR MEMBERSHIP
(Please enter in BLOCK LETTERS)

1. Category of membership applied for

<input type="checkbox"/>	Full Member
<input type="checkbox"/>	Associate Member
<input type="checkbox"/>	Corporate Member

Annual Membership Life Membership

2. Name of Applicant / Institution Title:

Full Name: Prof.
 Dr.
 Mr.

Name with initials Mrs.
 Miss.

3. Date of Birth : Sex :

Date	Month	Year	<input type="checkbox"/>	Female
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Male

4. Permanent Address:

Telephone No.

Office Address:	E-mail Address :
	Telephone No :
	Fax No :

Profession / Designation:

Address to which correspondence should be sent Permanent Official

5. Scientific Qualification (Give full details as requested below)

<u>Degree / Diploma etc.</u>	<u>Subjects</u>	<u>Institution & Address</u>	<u>Year</u>
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Field of Specialization:

Please be good enough to accept my application for the membership of the Sri Lanka Association for Fisheries and Aquatic Resources and I hereby agree to be bound by the Constitution.

.....
Date

We confirm that the above particulars are correct

Proposer

Name:
Membership No:
Address:

.....
Applicant's Signature

Seconder

Name:
Membership No.
Address :

Signature :

Signature :

(Note1: Proposer & seconder should be Honorary / Full / Founder members)

