**PeMSAA Membership Number**

****

**Peradeniya Medical School Alumni Association**

Faculty of Medicine, Peradeniya 20400

[***pemsaa.temp@gmail.com***](mailto:pemsaa.temp@gmail.com) ***| +94817200129***

**APPLICATION FOR MEMBERSHIP**

****

Last Name



Other Names

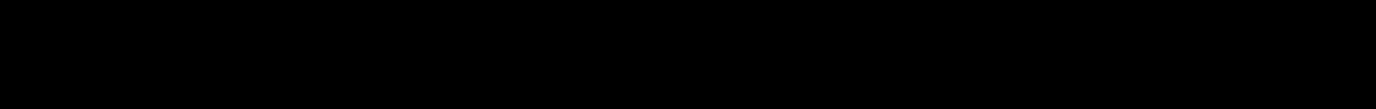


Date of Birth



**PROOF OF ELIGIBILITY**

University academic year / batch



Medical Faculty Index Number

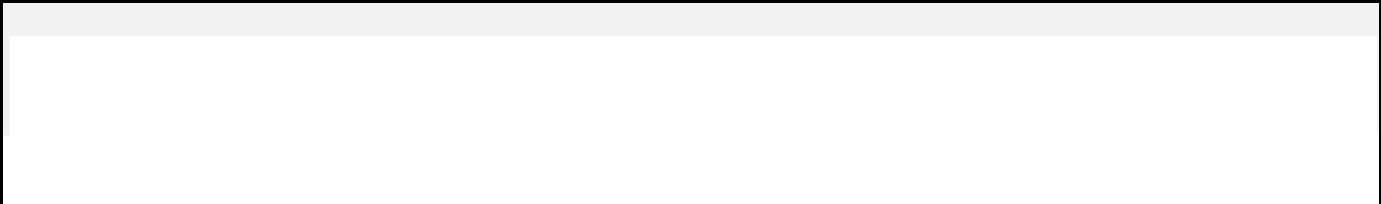


SLMC Registration Number (if registered)



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **PROFESSIONAL STATUS** | | |
| Current position |  |  |  |  |
| Institution |  |  |  |  |
|  |  |  |  |  |
|  |  | **CONTACT INFORMATION** | | |
| Email address |  |  |  |  |
|  |  |  |  |  |
| Mobile phone 1 |  |  | Mobile phone 2 |  |
|  |  |  |  |  |
| Home phone |  |  | Work phone |  |
|  |  |  |  |  |
| Parental/permanent | |  |  |  |
| address | |  |  |  |
|  | |  |  |  |
| Contact address | |  |  |  |
| *(if different to above)* | |  |  |  |
|  |  |  |  |  |

I certify that the information provided above are true and correct.



I hereby apply for Associate/Full membership of PeMSAA and undertake to abide by the Memorandum and Articles of the Association.

I have enclosed a certified copy of my University Student Identity Card/Degree certificate.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Signature |  |  |  | Date |  |
|  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  |  | |  | | | |
|  | **R E F E R E E S ( T W O L I F E M E M B E R S O F P e M S A A )** | | | | | |
|  | Name | |  |  | Signature | |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**M E M B E R S H I P F E E ( F U L L M E M B E R :** **R s . 1 0 0 0 , A S S O C I A T E M E M B E R : R s . 5 0 0 )**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Cash ** | **Cash deposit ** |  | **Cheque ** |  |
|  |  |  |
| Mode of payment | At the PeMSAA Office | Account name: **Peradeniya Medical Faculty Alumni Association** | | |  |
|  | Bank of Ceylon Peradeniya Branch | Account number **1273896** | | |  |
|  |  |
|  |  | *(Please enclose deposit slip)* | | |  |
|  |  |  |
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|  |  |  |  |  | **F o r o f f i c e u s e o n l y** | | | | | | |  |  |
| **Appro ve d b y the Council on** | | D | D | M | M | Y | Y | Y |  | Y |  | Registration fee received | |
|  |  |  |  |  |  |  |  |  |  |  |  | Receipt No. |  |
| President |  |  |  |  | Secretary | | | | |  | | Treasurer |  |
|  |  |  |  |
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**P e M S A A 2 0 1 9 / 2 0 2 0**