

PeMSAA Membership Number



PeMSAA

Peradeniya Medical School Alumni Association

Faculty of Medicine, Peradeniya 20400

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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REFEREES (TWO LIFE MEMBERS OF PeMSAA)

Name	Signature

MEMBERSHIP FEE (FULL MEMBER: Rs. 1000, ASSOCIATE MEMBER: Rs. 500)

Mode of payment	Cash <input type="checkbox"/>	Cash deposit <input type="checkbox"/>	Cheque <input type="checkbox"/>
	At the PeMSAA Office	Account name: Peradeniya Medical Faculty Alumni Association Bank of Ceylon Peradeniya Branch Account number 1273896 (Please enclose deposit slip)	

For office use only

Approved by the Council on	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Registration fee received
D	D	M	M	Y	Y	Y	Y			
President	Secretary	Receipt No.								
		Treasurer								