

**SRI LANKAN SOCIETY FOR VASCULAR SURGERY**C/O The College of Surgeons of Sri Lanka, No. 6, Independence Avenue, Colombo 07
Tel: 011-7207255 E-mail: slsvssec@gmail.com

## APPLICATION FOR MEMBERSHIP

Photograph

(Please use block letters)

Name in full					
Private Address					
	Phone :		E-mail :		
Official Address					
	Phone :		E-mail :		
Date of Graduation	n				
Surgical Qualifica (MD Surgery Part					
Date of Board Cer	tification (Appli	cants for Life me	mbership only):		
Membership Cate	gory applied for:	(Please tick the	appropriate box).		
Life Ord	linary	Associate	Overseas Member SAARC	Overseas Member Non SAARC	
I hereby apply for abide by the Const			i Lankan Society for Vascul Society.	ar Surgery and undertake to	
	Signature:				
Proposed by :			Seconded by :		
Name:			Name :		
Signature: Signature:					
<ul><li>Surgery who are in</li><li>Copies of</li><li>Brief Cur</li></ul>	n good standing. f the educational rriculum Vitae	The following s	yo full members of the Sri L hould be submitted with the id Board certificates		
The application should be forwarded with the membership fee.  Bank: Bank of Ceylon Branch: Regent Street Account No: 81911212 Account Name: Sri Lankan Society for Vascular Surgery					
			OR OFFICE USE	, , ,	
Date of receipt of ap	nlication ·				
Subscription: Life member - Rs. 100,000 Ordinary member - Rs. 10000 annually Associate member - Rs 3000 for 4 years			Overseas member SA	Overseas member SAARC - 200USD Overseas member Non SAARC - 500USD	
Cash / Bank Transfe	er / Cheque (If ch	eque state number	and Bank)		
Cheque No:	Ba	ınk :	Amount :		
Receipt No:		Signa	ture :		
Date of Approval b	oy Council:		Ledger No:		
		sident	Secretary		