



DIABETES ASSOCIATION OF SRI LANKA

National Diabetes Centre

50, SARANA MAWATHA, KOTTE ROAD, RAJAGIRIYA, SRI LANKA
TEL: 872951 FAX: 872952

MEMBERSHIP APPLICATION FORM

FOR OFFICE USE ONLY

Membership No. Date

IDENTIFICATION. (Please enter one type only)

National ID Card No. Passport No.
Driving Licence No. Postal ID Card No.

NAME

Title	Initials	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDRESS

<input type="text"/>
<input type="text"/>

TELEPHONE

Office	Residence	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>

FAX EMAIL

MEMBERSHIP TYPE APPLIED FOR
(Please tick one)

Ordinary	<input type="checkbox"/>	Rs. 200/- per year (January to December)
Life	<input type="checkbox"/>	Rs. 2,500/-
Corporate	<input type="checkbox"/>	Rs.

FOR OFFICE USE ONLY

Membership Type	Ordinary <input type="checkbox"/>	Life <input type="checkbox"/>	Corporate <input type="checkbox"/>	Honorary <input type="checkbox"/>
Method of Payment	Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Money Order <input type="checkbox"/>	Postal Order <input type="checkbox"/>
	Other <input type="checkbox"/>	<u>Details</u>		
Receipt No	<input type="text"/>			