## **Anuradhapura Medical Association**



AMA Office, 1<sup>st</sup> Floor, Professorial Unit, Teaching Hospital Anuradhapura. **Tel/Fax:** 0252227706; **Email:** <u>ama@med.rjt.ac.lk</u>; **Website:** <u>https://fmas.rjt.ac.lk/ama/</u> Photo

2.5x2cm

## **APPLICATION FOR MEMBERSHIP**

Title: Prof./ Dr./Mr./Ms. Surname:		
Other Names: <th 1="" <<="" =="" td=""><td></td></th>	<td></td>	
Date of Birth:  Sex:    /  /  /  /  Femal		
Membership Category:		
Ordinary Life: Associate Life: Honorary Life:	Overseas: Student (Annual):	
Address for Correspondence:		
Contact Telephone Numbers: Home: Mobile: Mobile:		
Office:		
Email Address:		
Qualifications:		
Sri Lanka Medical Council Registration No.:		
Current Position / Designation:		
Place of Work:		
I hereby apply for admission as a member (category specified as	above) of the Anuradhapura Medical	
Association (AMA) and undertake to abide by the Memorandum a		
Signature:	Date:///	
Proposer:	Signature:	
Seconder:	Signature:	
The Proposer and Seconder should be Ordinary Life Members of t		
For Official Use:		
Date of Receipt of Application:		
Subscription:  Rs. 5,000  Rs. 2,50	 D0 Rs. 500	
Date of Council Approval:		
	Receipt No ·	
Membership No:	Receipt No.:	
Membership No <sup>•</sup>	Receipt No.:	