



**THE FAMILY PLANNING ASSOCIATION OF SRI LANKA (FPA SRI LANKA)
MEMBERSHIP APPLICATION FORM**

Hony. General Secretary,
The Family Planning Association of Sri Lanka,
37/27, Bullers Lane,
Colombo 07.

I, the undersigned, do hereby apply to be admitted and enrolled as a/an/ordinary/life/youth (strike off what is inapplicable) Member of the Family Planning Association of Sri Lanka in terms of the Memorandum and Articles of Association of the FPA Sri Lanka. I am indicating briefly, on the reverse of this application, my background information, why I wish to join the Association, and what services/support/cooperation I could offer to assist in the activities of the FPASL.

1. NAME IN FULL: (Prof/Dr/Mr/Mrs/Miss/Other)			
2. ADDRESS			
3. DATE OF BIRTH		NATIONALITY	
4. OCCUPATION/DESIGNATION			
5. PLACE OF EMPLOYMENT ADDRESS			
6. TELEPHONE NO:	HOME		OFFICE
7. E-MAIL :			
DATE :	SIGNATURE OF APPLICANT		
Proposed by (Must be a member of the FPA Sri Lanka)			
NAME			
FPA POSITION			
MEMBERSHIP NO.			
ADDRESS			
SIGNATURE			
Seconded by (Must be a member of the FPA Sri Lanka)			
NAME			
FPA POSITION			
MEMBERSHIP NO.			
ADDRESS			
SIGNATURE			
NOTE			
No subscription should be sent, nor will any money be receipted/accepted until the applicant is duly accepted by the National Council and so informed and requested to send in his/her subscription. The National Council only meets once a quarter and there may be a delay in applications being dealt with.			
CATEGORIES AND FEES:			RS.
LIFE MEMBER			1000/-
ORDINARY MEMBER			50/- Per annum
YOUTH MEMBERS (BELOW 25 YEARS OF AGE)			25/- Per annum

1. My background information

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2. Why I wish to join the Association as a volunteer

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3. What services/support/cooperation I could offer to the Association

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