



Peradeniya Dental Faculty Alumni Association

Faculty of Dental Sciences, University of Peradeniya, Sri Lanka

Tel: 0812397221

Tel/Fax: 0812388948

Email: *peradfaa@gmail.com*

Membership Application form

- 1) Name in full
.....
- 2) Private address
.....
- 3) Contact number (Private)
- 4) Official address
.....
- 5) Contact number (Official)
- 6) Date of Graduation
- 7) Email address
- 8) Present position
- 9) Qualifications
.....

I hereby apply for admission as an Annual/Life member of the Peradeniya dental faculty alumni association and undertake to abide by the constitution of the association.

.....

Date

.....

Signature of the applicant

Proposed by Signature

Seconded by..... Signature

Subscription:

	<i>Membership fee</i>	<i>Cheque</i>	<i>Cash</i>
<i>Annual member</i>	<i>LKR 300</i>		
<i>Life member</i>	<i>LKR 1000</i>		

- Cheques should be written in favour of “ **Peradeniya dental faculty alumni association**”
- Completed forms should be sent to: The secretary, Peradeniya dental faculty alumni association, Faculty of dental sciences, University of Peradeniya, Sri Lanka.

Office use only