

[illegible]

iii. E-mail

9. Designation/Position

10. SLMC registration Number

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7. Details of Professional qualifications (MBBS, Diploma, MSc, MPhil, PhD and others. (Please enter **only** the completed degrees)

Qualification	Year	Speciality/Field	College/University with Country

8. Memberships of other professional bodies/societies/associations:

9. **Life Membership fee Rs. 3000/- (LKR)**

I have enclosed a

cheque /

Money Order /

Postal Order /

Cash

Bank Payment slip /

Online payment receipt of Rs. 3000/- (LKR)

in favor of Sri Lanka Medical Nutrition Association as Life Membership fee.

Bank Account Details: **A/C no: 0077108452 Sri Lanka Medical Nutrition Association**

Bank of Ceylon, Regent Street Branch, Colombo, Sri Lanka

10. I accept the rules and regulations in accordance with the constitution of Sri Lanka Medical Nutrition Association. I understand the council of SLMNA has the rights in selection or rejection of my membership.

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Date (dd/mm/yyyy)

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Signature