



The Physiological Society of Sri Lanka

MEMBERSHIP APPLICATION FORM

GRADE OF MEMBERSHIP APPLIED FOR

- Life Member Ordinary Member Session Member
 Student Member Corporate Member

Surname: Prof/Dr/Mr/Mrs/Miss:

Other names (in full) :

Permanent address :

.....

Official address :

.....

Phone:

Fax:

Email:

Profession / Designation:

Address to which correspondence should be sent: Permanent Official



The Physiological Society of Sri Lanka

SCIENTIFIC QUALIFICATIONS

Give full details as requested below

Year	Degree /Diploma etc.	Subject	Institution & Address

FIELD OF SPECIFICATION

I certify that the above particulars are true and correct.

.....
Date

.....
Applicant's signature

We confirm that the above particulars are correct.

Name:

Name:

Address:

Address:

.....

.....

.....

Signature (Proposer)

.....

Signature (Seconder)

The Proposer and Seconder should be Life/Ordinary/Founder members of The Physiological Society of Sri Lanka