**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 : ….………..…………..……………………………………………………………………………

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Official address : …………..…………..……………………………………………….……………………………

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Phone: ….………..…………..………………………………………………………………………………………..…………

Fax: ….………..…………..……………………………………………………………………………………..……………

Email: ….………..…………..………………………………………………………………………………….....……………

Profession / Designation: ..…………….………………………………………………………………………….....…

Address to which correspondence should be sent: Permanent Official

**Scientific Qualifications**

Give full details as requested below

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| --- | --- | --- | --- |
| Year | Degree /Diploma etc. | Subject | Institution & Address |
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**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: …...……………………..…….………

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Signature (Proposer) Signature (Seconder)

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