

PeMSAA
(Peradeniya Medical School Alumni Association)
Application for Life Membership
(Please use BLOCK Letters)

Passport or
stamp size
Photograph of
the applicant

Optional

1. Surname :
 2. Other Names / Initials :
 3. Name used in the Faculty:
 4. Year of Graduation :
 5. Date of Birth (Optional) :
 6. Address for Correspondence:
.....
.....
- Telephone No. : Mobile No.:
- E mail Address :

(Please notify of change of address)

7. Present Post
Medical Officer
General Practitioner
Consultant / Clinical Teacher
Permanent Member of Academic Staff
Intern House Officer
Pre Intern
PG Trainee
8. Specialization

I hereby apply for admission as a Life member of the PeMSAA and undertake to abide by the memorandum and articles of the association.

Date:

Signature:

Life Membership fees Rs. 1000/= payable by Cheque, Bank Wire Transfer, Cash, (Please draw your cheque in favour of "Alumni Association")

Bank : Bank of Ceylon Peradeniya
Account No : 1273896
Bank Transfer Code : BCEYLKX

(If sending via Bank wire – please ensure that you pay the bank charges in addition.)

Please return to: Secretary
PeMSAA
Faculty of Medicine
Peradeniya

Telephone No.: +94 (0) 817200129

Email Address: info@pemsaa.org.lk, pemsaa.temp@gmail.com