



SRI LANKA FEDERATION OF UNIVERSITY WOMEN

96/25, Kitulwatte Road, Colombo 8.

Tel: 011 268 2961 E-mail: slfuwoffice@gmail.com

APPLICATION FORM FOR MEMBERSHIP
(For Local Membership)

Membership No:

1. Title (Prof./Dr./Mrs./Miss)

Maiden Name

Married Name

Full Name

(Please underline the name usually used)

2. Home Address

Tel: Landline

Mobile

E-mail address

(All correspondence will be via e-mail and website, www.slfuw.org)

3. Date of Birth (DD/MM/YYYY)

4. Degree University Field Year

(Please attach photocopies of Degree Certificates)

5. Present Occupation / Designation

6. Professional Interests

Lifetime Membership Fee: Rs. 2,000/-

Bank Details for payment:

Name of the Account: Sri Lanka Federation of University Women, Bank of Ceylon, Torrington Branch
Account No. 2322465 (Please pay the due amount and e-mail us the bank slip)

Signature

Date / /20



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7. Proposed and Seconded by SLFUW members only.

	Proposer	Secunder
Name		
Mobile No.		
E-mail		
Membership No		
Signature		

FOR OFFICE USE ONLY

Accepted at the Council Meeting held on

Signature of President

Signature of the Hon Secretary

Receipt no:

Date

Posted on