

# Sri Lanka Association of Geriatric Medicine

## Application for Membership

Title : Dr/ Prof/ Mr/ Mrs/Ms

Full Name:.....

Date of birth: .....Gender: Male/ Female

Private address : .....

Telephone: Office..... Home..... Mobile .....

Official address: .....

E mail:.....

Current Designation: .....

Professional Qualifications: .....SLMC No: .....

Membership category: .....

**I hereby apply for admission as an ordinary /student /volunteer/international member of the Sri Lanka Association of Geriatric Medicine and undertake to abide by constitution of the association.**

**Signature .....** **Date: .....**

**Official use:**

**Membership subscription:** .....

**Membership No:** .....

**Official Signature:** ..... **Date :** .....

Please send duly filled application with subscription to Sri Lanka Association of Generic Medicine, No 06, Wijerama Mawatha, Colombo 07, Sri Lanka ore-mail scanned copies to [slagm2014@gmail.com](mailto:slagm2014@gmail.com)