

**SRI LANKA DENTAL ASSOCIATION**

(Established 1932)

**Application for Membership**

Membership

* A Dental Practitioner registered under section 43 of the Medical Ordinance at Sri Lanka Medical Council (SLMC) is eligible for membership of Sri Lanka Dental Association (SLDA).
* Your Membership will be confirmed at the subsequent council meeting, following submission of your application and payment of membership fees.
* Ordinary Members should pay the annual membership fees before 31st of December each year to maintain the seniority of the Membership.

SLDA Library Membership

* A Library Member is entitled to borrow three journals at one time from the Lending Section of the Library.
* Journals less than three months old from the date of issue are only for reference.
* Items borrowed should be returned within 3 weeks’ time or extended by a letter, fax, email or telephone call at least 3 working days before due date.
* However, if any other Member has requested for that item and is on the waiting list, extension will not be granted.
* Any item not returned in time is liable for a fine of Rs. 5/- per item per day. Please obtain a receipt from office Assistant if you happen to pay a fine.
* Kindly see that you don’t cause any damage to the items borrowed or tear pages from it.

SLDA Identity Card

* Only a Life Member is eligible to apply for SLDA Identity Card.

Documents to be submitted (By hand or email soft copies to contact@slda.lk)

* Duly filled application form
* A copy of the SLMC Registration Certificate
* A copy of the bank deposit slip/remittance advice for membership fees.
* One recent passport size (51mm x 51mm) coloured photograph (If applying for ID card)

*Payments can be made by cash to SLDA office or by a cheque payable to* ***“Sri Lanka Dental Association”*** *or by a deposit/remittance to* ***Seylan Bank Cinnamon Gardens branch account no 0320 00316763 001 or***

*by Credit/Debit card through Internet Payment Gateway:*[*https://mpg.seylan.lk/slda*](https://mpg.seylan.lk/slda)

On behalf of Sri Lanka Dental Association,



**Dr Chandima Weerasinghe**

Honorary General Secretary

SRI LANKA DENTAL ASSOCIATION

 **APPLICATION FOR MEMBERSHIP**

***Office use only***

*Membership No*

*In BLOCK LETTERS please*

Surname:

*In BLOCK LETTERS please*

First name:

*In BLOCK LETTERS please*

Other names:

Designation:

*Dr/Prof*

*Your post-nominal letters*

Title prefix: Title suffix:

D D M M Y YYY

Male

Female

Date of birth: Gender:

CONTACT INFORMATION: *Residential*

Email:

*Address line 1*

Address:

*Address line 2*

City/Town: Postal code:

District: Province:

Country of Birth:

Telephone: Mobile: Fax:

CONTACT INFORMATION: *Official*

*Address line 1*

Address:

*Address line 2*

City/Town: Postal code:

District: Province:

Country of Employment:

Telephone: Mobile: Fax:

All correspondence must be directed to: Residential address Official address

*(Please note that your residential address will be considered for correspondence unless specified otherwise)*

OTHER INFORMATION

Professional Qualifications:

University:

***Page 2 of 5***

Date of graduation: SLMC Reg. No:

I hereby apply for admission as an Ordinarily Member/ Life Member/ Library Member of the Sri Lanka Dental Association and undertake to abide by the Constitution of the Association.

D D M M Y YYY

Date: Signature:

Details of the proposer and the seconder who are members of SLDA

*Referee 1*

Proposed by:

Contact No or Email:

Signature:

 SLMC Reg. No of Proposer:

*Referee 2*

Seconded by:

Contact No or Email:

Signature:

 SLMC Reg. No of Seconder:

MEMBERSHIP TYPE AND FEES (please tick the appropriate)

* **Ordinary Member\*** Rs. 500/- (*Per calendar year)*
* **Life Member** Rs. 4,500/- *(Rs. 500/-+Rs 4,000/-)*
* **Library Membership** Rs. 500/- *(Refundable)*

 **⬜ SLDA Identity Card** Rs. 500/- *(Only Life Members are entitled)*

**For Office Use Only**

Amount paid: Cheque No:

Receipt No: Bank:

Paid by cash Cheque Dated:

Direct Remittance  IPG  Reference 

Received on: Registry entry on:

Membership No:

 

 Hony. Secretary Hony. Treasurer

Date:

***Page 3 of 5***

 **APPLICATION FOR MEMBERSHIP IDENTITY CARD**

***Office use only***

*Membership No*

 [Only for life members are eligible]

*In BLOCK LETTERS please*

Name in Full:

Designation:

*Address line 1*

Address:

*Address line 2*

*Address line 3*

D D M M Y YYY

Date of birth:

Please affix

Passport-sized

Photograph

or

email high resolution soft copy to contact@slda.lk

along with the application

SLMC Reg. No:

NIC No:

Telephone:

Mobile:

Email:

Professional Qualifications:

D D M M Y YYY

Date: Signature:

***Page 4 of 5***

**For Office Use Only**

Amount Paid  Cash  Cheque  IPG 

 Direct Remittance 

 Reference 

Receipt No  Bank 

 Branch 

 Dated 

Application received on 

Date entered in Register 

 

 Hony. Secretary Hony. Treasurer

Dated 

ID Card issued/posted on 

Collected by *(Name)* Signature 

***Page 5 of 5***