



## 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 31<sup>st</sup> 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](mailto: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>



On behalf of Sri Lanka Dental Association,

**Dr Chandima Weerasinghe**  
Honorary General Secretary  
SRI LANKA DENTAL ASSOCIATION



APPLICATION FOR MEMBERSHIP

Surname:

First name:

Other names:

Designation:

Title prefix:  Title suffix:

Date of birth:    Gender:

CONTACT INFORMATION: Residential

Email:

Address:

City/Town:  Postal code:

District:  Province:

Country of Birth:

Telephone:  Mobile:  Fax:

CONTACT INFORMATION: Official

Address:

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:



# SRI LANKA DENTAL ASSOCIATION

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.

Date: 

DD	MM	YYYY
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 Signature:

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

Proposed by:

Contact No or Signature:  Email:   
SLMC Reg. No of Proposer:

Seconded by:

Contact No or Signature:  Email:   
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: <input type="text"/>	Cheque No: <input type="text"/>
Receipt No: <input type="text"/>	Bank: <input type="text"/>
Paid by cash <input type="checkbox"/> Cheque <input type="checkbox"/>	Dated: <input type="text"/>
Direct Remittance <input type="checkbox"/> IPG <input type="checkbox"/>	Reference <input type="text"/>
Received on: <input type="text"/>	Registry entry on: <input type="text"/>
Membership No: <input type="text"/>	
<input type="text"/>	<input type="text"/>
Hony. Secretary Date: <input type="text"/>	Hony. Treasurer



# SRI LANKA DENTAL ASSOCIATION

Membership No

Office use only

## APPLICATION FOR MEMBERSHIP IDENTITY CARD

[Only for life members are eligible]

Name in Full: *In BLOCK LETTERS please*

Designation:

Address:

*Address line 1*

*Address line 2*

*Address line 3*

Date of birth: DD MM YYYY

SLMC Reg. No:

NIC No:

Telephone:

Mobile:

Email:

Please affix  
Passport-sized  
Photograph  
or  
email high  
resolution soft copy  
to [contact@slda.lk](mailto:contact@slda.lk)  
along with the  
application

Professional Qualifications:

Date: DD MM YYYY

Signature:



# SRI LANKA DENTAL ASSOCIATION

## For Office Use Only

Amount Paid	<input type="text"/>	Cash	<input type="checkbox"/>	Cheque	<input type="checkbox"/>	IPG	<input type="checkbox"/>
		Direct Remittance	<input type="checkbox"/>				
Receipt No	<input type="text"/>	Reference	<input type="text"/>				
		Bank	<input type="text"/>				
		Branch	<input type="text"/>				
		Dated	<input type="text"/>				
Application received on	<input type="text"/>						
Date entered in Register	<input type="text"/>						
<input type="text"/>				<input type="text"/>			
Hony. Secretary				Hony. Treasurer			
	Dated <input type="text"/>						
ID Card issued/posted on	<input type="text"/>						
Collected by (Name)	<input type="text"/>						
Signature	<input type="text"/>						