



SRI LANKA DENTAL ASSOCIATION

Membership No

Office use only

APPLICATION FOR MEMBERSHIP IDENTITY CARD

[Only for life members are eligible]

Name in Full:

Designation:

Address:

Date of birth:

SLMC Reg. No:

NIC No:

Telephone:

Mobile:

Email:

Please affix
Passport-sized
Photograph
or
email high
resolution soft copy
to contact@slda.lk
along with the
application

Professional Qualifications:

Date:

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"/>						