



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 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://payments.slda.lk>*



On behalf of Sri Lanka Dental Association,

Honorary General Secretary
SRI LANKA DENTAL ASSOCIATION



APPLICATION FOR MEMBERSHIP

Surname:

First name:

Other names:

Designation:

Title prefix: Title suffix:

Date of birth: Gender: Male Female

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: 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/- *(Onetime Payment)*
- SLDA Identity Card** Rs. 1,500/- *(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:

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

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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"/>						