



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:	<table><tr><td>Male</td><td></td><td>Female</td><td></td></tr></table>	Male		Female	
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)*

- | | | |
|---|-------------|----------------------------------|
| <input type="checkbox"/> Ordinary Member* | Rs. 500/- | (Per calendar year) |
| <input type="checkbox"/> Life Member | Rs. 4,500/- | (Onetime Payment) |
| <input type="checkbox"/> 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