

College Of Medical Administrators Of Sri Lanka

E-Mail: cmasl2011@gmail.com Web: www.cmasl.lk

APPLICATION FOR MEMBERSHIP

Please use **block** letters

1.	(a) Surname:																										
	(b) Other Names:																										
	(in Full)																										
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(a) The Registration fee will be Rs 1,000/- for Ordinary Members and Rs.750/- for Associate Members and is not refundable
(b) The Membership fees shall be Rs 1000/- per annum for Ordinary Members and Rs.750/- for Associate Members.
(c) The Life membership fee will be Rs 10,000/- for Ordinary Members and Rs.7,500/- for Associate Members.
Please deposite the fee to College of Medical Administrators, Account number: 0001781390, Bank of Ceylon . (Annex the Bank slip) Or
Cheques to be made in favour of the "College of Medical administrators of Sri Lanka" & crossed A/C Payee only.
For office use only
Enrolment As: Member Associate
Date of approval by Ex Co:
Payment Received by: Cash Deposit
Cheque
Cheque No:
Membership No:

Secretarial Assistance: Phone No: 0766660376 email- cmasl2011@gmail.com
Address – Building of the Directorate / Healthcare Quality & Safety, Castle Street Hospital Premises, Castle Street,
Colombo - 08