



College of Biochemists of Sri Lanka (CBSL)

APPLICATION FOR MEMBERSHIP

(This is an electronic form; when you type information, the size of the fields will expand automatically)

Title	Prof. <input type="checkbox"/>	Dr. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>
Surname				
Other Names				
Date of Birth	/ /	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Postal Address				
Current Position/Designation				
Place of Work				
Address				
Contact Telephone Numbers/e-mail				
Home		Office		
Mobile		e-mail		
Highest Educational Qualification				
Date of completion – Highest Educational Qualification			/ /	
Awarding Institute			Country	
Membership of other professional bodies:				

Declaration

I hereby apply for admission as a **Full** / **Associate** / **Student** / **Affiliate** member (tick appropriate cage) of the College of Biochemists of Sri Lanka. I confirm that I am aware of the By-laws, regulations and ethical guidelines of the College and if my membership is accepted I agree to be governed by these as now constituted, or as they may be hereafter be amended, and that I will advance the objectives of the Association so far as I am able.

I enclose payment receipt bearing number _____ of _____ Bank for Rs. _____ as my payment for **Full** / **Associate** / **Student** / **Affiliate** membership and the registration fee (tick appropriate cage) *.

Signature of applicant		Date	/ /
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* Membership Fees: Full - Rs. 6000/=; Associate - Rs. 1500/= (five years); Student - Rs. 1000/= (2 years); Affiliate - Rs. 5000/= (Annual). Registration fee: Rs. 1000/= (Rs. 500/= for Students). Membership and registration fees should be deposited in favour of College of Biochemists of Sri Lanka A/C number 097-2-001-6-0012151 of Peoples Bank, Gangodawila Branch.

Proposer (should be a member of CBSL)

Signature of proposer		Date	/ /
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Name of proposer	
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CBSL membership number	
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Seconder (should be a member of CBSL)

Signature of seconder		Date	/ /
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Name of seconder	
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CBSL membership number	
<i>For official use</i>	
Date of receipt of application	
Receipt Submitted	Yes <input type="checkbox"/> No <input type="checkbox"/>
Application accepted	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Admission to CBSL	/ /
Membership Number	
Membership Type	Full <input type="checkbox"/> Associate <input type="checkbox"/> Student <input type="checkbox"/> Affiliate <input type="checkbox"/>
Period of Membership	