

LIFE MEMBERSHIP APPLICATION FORM



Membership No

- 01. Name in Full :
: (Mr / Mrs / Ms / Dr.)
- 02. Preferred Name in Directory :
- 03. Spouse :
- 04. Address (Res.) :
- 05. Office Address :
- 06. Tel No. (Res.) :(Office):(Mobile):
- 07. Email Address : (Personal) : (Office) :
- 08. Occupation :
- 09. Organization :
- 10. Date of Birth : DD..... MM..... YY..... NIC No. :
- 11. School Attended :

12. Member of OBA/OGA YES NO

Cash/Bank Cheque No. Receipt No.

Cheque in favour of "Galle Club" - Crossed Account Payee Only.

I hereby agree to abide by the rules of "Galle Club"

Date : Signature of Applicant

Particulars of the Attestor (Shall be a Committee Member of "Galle Club" from the relevant School)

01. Name :
02. Membership No :
I certify that above named applicant is an old boy/girl of

Date : Signature :

Committee Recommendation
Recommended / Not Recommended by the committee of "Galle Club"

Date : Hony Secretary

For office use only :

Membership Fee Paid - Rs.

Date : Hony Treasurer :

Reg. Office :
Tel No. : Fax :
Email Address :