

Student membership: Annual subscription - Rs. 100)

**** Please attach a short resume of you indicating the reasons for applying for membership in SLACPT (maximum 1 page).**

I assure that the information given in the application is accurate. I hereby apply for admission as a Member of the Sri Lanka Association of Clinical Pharmacology and Therapeutics (SLACPT) and undertake to abide by the Constitution of the Association.

Signature of applicant

Date

*I hereby propose as a member of SLACPT.
I have reviewed the information provided by the applicant and in my opinion it is complete and accurate.*

Name of the proposer

Signature

Name of the seconder

Signature

Date: _____

FOR OFFICIAL USE ONLY

Date of Receipt of Application:

Amount received:

Receipt Number:

Date of Council Approval:

Membership Number:

Date of Letter of Confirmation: