## Sri Lanka Association of Clinical Pharmacology and Therapeutics (SLACPT)

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## **APPLICATION FOR MEMBERSHIP (valid from 26.07.2021)**

Please complete all fields Full name: (in BLOCK CAPITALS) Title: **Institution: Designation:** Male | Female Date of Birth: **Gender: Contact telephone numbers:** Home: Mobile: Office: **Email address:** Address for correspondence: **Qualifications:** Sri Lanka Medical Council Registration number: Membership category applied for: OR Annual subscription: Full membership: Life membership (Rs. 7,500) (Rs. 1000) Associate membership: (Annual subscription - Rs. 1000) OR Annual subscription: Ordinary membership: Life membership: (Rs. 5,000) (Rs. 1000)

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Student membership:	Annual subscription	n - Rs. 100)
** Please attach a short resume membership in SLACPT (maxi		the reasons for applying for
I assure that the information give admission as a Member of the Sri Therapeutics		
(SLACPT) and undertake to abide	e by the Constitution	of the Association.
Signature of applicant	_	Date
I hereby propose		as a member of SLACPT.
I have reviewed the information p and accurate.	provided by the appl	icant and in my opinion it is complete
Name of the proposer		Signature
Name of the seconder		Signature
Date:		
FOR OFFICIAL USE ONLY		
<b>Date of Receipt of Application:</b>		
Amount received:		
Receipt Number:		
Date of Council Approval:		
Membership Number:		
Date of Letter of Confirmation:	:	