

Sri Lanka Association of Clinical Pharmacology and Therapeutics (SLACPT)

Department of Pharmacology, Faculty of Medicine, University of Colombo
No. 25, Kynsey Road, Colombo 08
Phone: 0112 695 300 Ext. 195 Fax: 0112 697 483 email: office@slacpt.lk

APPLICATION FOR MEMBERSHIP (valid from 26.07.2021)

Please complete all fields

Full name:
(in BLOCK CAPITALS)

Title:

Institution:

Designation:

Gender: Male Female

Date of Birth:

Contact telephone numbers: Home: _____ Mobile: _____
Office: _____

Email address:

Address for correspondence:

Qualifications:

Sri Lanka Medical Council Registration number:

Membership category applied for:

Full membership	Life membership (Rs. 7,500) <input type="checkbox"/>	OR Annual subscription: (Rs. 1000) <input type="checkbox"/>
Associate membership	Annual subscription (Rs. 1000) <input type="checkbox"/>	
Ordinary membership	Life membership (Rs. 5,000) <input type="checkbox"/>	OR Annual subscription: (Rs. 1000) <input type="checkbox"/>
Student membership	Annual subscription (Rs. 100) <input type="checkbox"/>	

Bank details for the payment of membership fee as below:

Account Name: Sri Lanka Association of Clinical Pharmacology and Therapeutics

Account Number: 167200180013901

Branch: People's Bank, Town Hall Colombo Branch

Please kindly send following documents to office@slacpt.lk

- 1. Duly completed application form**
- 2. Payment slip of membership fee**
- 3. Short resume of you indicating the reasons for applying for membership in SLACPT**

I assure that the information given in the application is accurate. I hereby apply for admission as a Member of the Sri Lanka Association 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:	