



ALUMNI ASSOCIATION OF THE FACULTY OF ARTS (AAFA)- UNIVERSITY OF COLOMBO

APPLICATION FOR MEMBERSHIP

Email: aafa@arts.cmb.ac.lk
Website: aafauoc.weebly.com

TYPE OF MEMBERSHIP: Life Ordinary/ Honorary/ Affiliate

TITLE	PROF. / REV. / DR. / MR. / MRS. / MS.	DATE OF BIRTH : [DD / MM/ YYYY]	MALE	<input type="checkbox"/>
SURNAME			FEMALE	<input type="checkbox"/>
OTHER NAMES [IN FULL]	<i>[Note- Please underline the name to be used in correspondence]</i>		NIC NO.	
HOME ADDRESS		RESIDENCE TEL:		
		MOBILE NO.:		
PERSONAL EMAIL:		CORRESPONDENCE TO BE SENT VIA	LETTER	<input type="checkbox"/>
			EMAIL	<input type="checkbox"/>
NAME OF EMPLOYER				
DESIGNATION				
OFFICE ADDRESS		OFFICE TEL:		
		DESIGNATION		
DESIGNATION		FAX NO:		
OFFICE EMAIL:		PREFERRED ADDRESS FOR CORRESPONDENCE	HOME	<input type="checkbox"/>
			OFFICE	<input type="checkbox"/>

COURSE OF STUDY FOLLOWED AT FACULTY OF ARTS, UNIVERSITY OF COLOMBO DIPLOMA / DEGREE / MASTERS / POSTGRADUATE, ETC.	YEAR OF GRADUATION

Note: Please annex photocopy of certificate / supporting evidence of study at University of Colombo.

OTHER QUALIFICATIONS [PROFESSIONAL & ACADEMIC]		
Year of Completion	Institution / Professional Body	Course / Program Followed

SPORTING & EXTRA CURRICULAR ACHIEVEMENTS AT THE FACULTY/ UNIVERSITY	Year of Participation/Award

POSITIONS HELD / PROFESSIONAL MEMBERSHIPS / CLUB AFFILIATIONS	YEAR

FEES PAID BY: Fees to be paid onsite.

Date:

Signature:

FOR OFFICE USE ONLY

Application Received Via On.....`

Cash for Rs..... / Cheque for Rs. on

Comments :

.....
Secretary / Treasurer

Elected as Life Member at EXCO Meeting Held On :

Membership No. :

<p>Tick/ Fill as required:</p> <p>Details Checked By:</p> <p>Supporting Documentation Received:</p> <p>Photo Received:</p> <p>Pending Action:</p>
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