



The Association of Professional Sri Lankans in the UK

Membership Application

Title	Prof.() Dr.() Mrs.() Mr.() Miss() Other() Please state:		
Surname		First name	
Profession			
Address			
Post Code			
Telephone		Mobile	
E-mail		Website	
Please state the ways in which you could help the APSL further its aims			
I wish to support the objectives and strategies of The Association of Professional Sri Lankans in the UK, and hereby apply for membership.			
I will be pleased to assist in knowledge transfer programmes. Please tick the location(s) below to state your choice London () Outstations () Sri Lanka ()			
Signature _____		Date _____	
Proposed by (Name)		Signature	
Seconded by (Name)		Signature	
Please e mail the completed form to: membershipsecretary@apsl.org.uk Mrs Gayani Senaratne Membership Secretary, APSL			
Once the application is approved, you will be informed to pay the £15.00 annual membership fee to confirm your membership.			
For Office use only			
Accepted: Yes / No	Membership category		
Date:			