



SRI LANKA DENTAL ASSOCIATION

Established 1932

Membership

- Any person duly registered in the Dental Register of Sri Lanka Medical Council (SLMC) is eligible for membership of Sri Lanka Dental Association (SLDA).
- Acceptance of your Membership will be communicated to you, after the next council meeting that will be held following the payment for acceptance of membership.
- An Ordinary Member should make the annual payment before December 31st each year to continue Membership without loss of seniority.

SLDA Library Membership

- Library Member is entitled to borrow two books, three journals and a video cassette at any one time from the Lending Section of the Library.
- Journals less than three months old from the date of issue are only for reference.
- Items borrowed should be returned within 3 weeks' time or extended by a letter, fax, email or telephone call at least 3 working days before due date.
- However if any other Member has requested for that item and is on the waiting list, extension will not be granted.
- Any item not returned in time is liable for a fine of Rs. 5/- per item per day. Please obtain a Receipt from office Assistant if you happen to pay a fine.
- Kindly see that you don't cause any damage to the items borrowed or tear pages from it.

SLDA Identity Card

- Only a Life Member of SLDA is eligible to apply for SLDA Identity Card.

Please obtain a receipt on payment by cash from office Assistant or pay by cheque payable to "Sri Lanka Dental Association".

Thanking you for your kind cooperation.

Yours Sincerely,

Honorary General Secretary
Sri Lanka Dental Association



SRI LANKA DENTAL ASSOCIATION

Application form for Membership

Membership No

Office use only

APPLICATION FORM FOR MEMBERSHIP

Surname:

First name:

Other names:

Designation:

Title prefix: Title suffix:

Date of birth: Gender:

CONTACT INFORMATION: Residential

Email:

Address:

City/Town: Postal code:

District: Province:

Country of Birth:

Telephone: Mobile: Fax:

CONTACT INFORMATION: Official

Address:

City/Town: Postal code:

District: Province:

Country of Employment:

Telephone: Mobile: Fax:

All correspondence must be directed to: Residential address Official address
(Please note that your residential address will be considered for correspondence unless specified otherwise)

OTHER INFORMATION

Professional Qualifications:



SRI LANKA DENTAL ASSOCIATION

Application form for Membership

University:

Date of graduation: SLMC Reg. No:

I hereby apply for admission as an Ordinarily Member/ Life Member/ Library Member of the Sri Lanka Dental Association and undertake to abide by the Constitution of the Association.

Date: DD MM YYYY

Signature:

You must be proposed and seconded by two members of the SLDA

Proposed by: Referee 1

Signature:

Seconded by: Referee 2

Signature:

MEMBERSHIP TYPE (please tick the appropriate)

- Ordinary Member*** Rs. 500/- Per calendar year
**An ordinary member must make the payment BEFORE 31st December each year to continue Membership without loss of seniority*
- Life Member** Rs. 4,500/- (Rs. 500/-+Rs 4,000/-)
- Library Membership** Rs. 500/- (Refundable)

For Office Use Only

Amount paid: Cheque No:

Receipt No: Bank:

Paid by cash: Cheque: Dated:

Received on: Registry entry on:

Membership No:

Secretary

Treasurer

Date: