



**SRI LANKA ASSOCIATION OF ADMINISTRATIVE &  
PROFESSIONAL SECRETARIES**

C/o No.1 Boteju Mawatha, Colombo 5

email: [slaaps.srilanka@yahoo.com](mailto:slaaps.srilanka@yahoo.com)

[www.slaapsonline.com](http://www.slaapsonline.com)

Reg.No. GA 361

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**APPLICATION FOR MEMBERSHIP**

**A. PERSONAL**

Surname : \_\_\_\_\_

Given Names (Mr/Mrs/Miss) : \_\_\_\_\_

Address (1) Official \_\_\_\_\_

(2) Private \_\_\_\_\_

Address to which you wish to have correspondence sent – (1) or (2)

(3) Email \_\_\_\_\_

Telephone: (1) Official \_\_\_\_\_ (2) Private \_\_\_\_\_

Date of Birth \_\_\_\_\_ (Date & Month Only)

Educational and Professional Qualifications : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Speed in Shorthand : \_\_\_\_\_ Typing : \_\_\_\_\_

Educational institutions attended : (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Extra Curricular Activities \_\_\_\_\_

Hobbies/Interest: \_\_\_\_\_

Highest Academic Qualifications achieved: \_\_\_\_\_

\_\_\_\_\_

Would you like to join any of our Sub-Committees  
and be an active member ?

Yes/No

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**B. OFFICIAL**

Present Employment: \_\_\_\_\_

Name & Designation of your Boss: \_\_\_\_\_

\_\_\_\_\_

Your Designation: \_\_\_\_\_

Joined in : \_\_\_\_\_

Nature of Work : \_\_\_\_\_

\_\_\_\_\_

Department/Division : \_\_\_\_\_

Membership in any other Association, if any: \_\_\_\_\_

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c. **DECLARATION**

I, \_\_\_\_\_  
Declare that the particulars furnished by me in this Application are true and correct. In the event of my Application for Membership being accepted, I shall abide by the Constitution and Rules and Regulations governing the membership of the Association.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**Strike off whichever is inapplicable**

CERTIFICATION BY THE MEMBER RECOMMENDING  
I, \_\_\_\_\_ do hereby certify that the  
Applicant is a \_\_\_\_\_ and recommend him/her for  
membership.

Membership No. \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

D. N.B Your Application will be rejected, if it is not accompanied by

- (1) a remittance for the full amount :
- |                      |                     |            |
|----------------------|---------------------|------------|
| Annual Subscriptions | Associate/Affiliate | Rs.2000.00 |
|                      | Entrance Fees       | Rs. 250.00 |
- (2) a letter from the Employer confirming designation

ALL CHEQUES should be crossed and drawn in favour of the **Sri Lanka Association of Administrative & Professional Secretaries.**

E. FOR OFFICE USE ONLY

1. Tabled before the Executive Council on : \_\_\_\_\_
2. Approved for Membership with effect from: \_\_\_\_\_
3. Class of Membership approved : \_\_\_\_\_
4. Membership Number: \_\_\_\_\_
5. Remarks : \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
SECRETARY  
ON BEHALF OF EX-CO