



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

c/o No. 79 St. Michael's Road, Colombo 3

email: slaaps.srilanka@yahoo.com

www.slaapsonline.com

Reg.No. GA 361

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

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: _____

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