



THE ORGANISATION OF PROFESSIONAL ASSOCIATIONS OF SRI LANKA

Professional Centre 275/75 Prof. Stanley Wijesundera Mw, Colombo 07

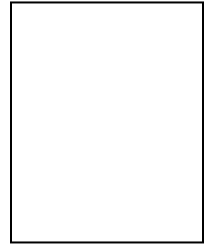
Telephone -0112580268, 0115844901 Fax-2559770

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OPA Membership No

APPLICATION FOR CENTRE MEMBERSHIP OF THE OPA



1. Full Name of Applicant Mr. / Ms. / Dr.

Forenames:

Surname:

Photograph

2. National Identity Card No Civil Status

3 RESIDENCE

Address

.....

Telephone Mobile.....

Fax E-mail.....

4. OFFICE

Present /Last Employment:

Address

.....

Telephone.....Fax.....E-mail.....

5. Name of the Member Association of the OPA of which the applicant is a member

.....

6. Other OPA Member Associations of which applicant is a member.

.....

7. Category of membership applied for: Life / Annual

8. Academic Qualifications.

.....

(Please attach copies of certificates, duly certified by President or Secretary of the Member Association.)

9. Professional Qualifications.....

(Please attach copies of certificates, duly certified by President or Secretary of the Member Association.)

10. Remittance Particulars; Cash / Cheque in favour of ‘The Organisation of Professional Associations of Sri Lanka for Rs.10,000/- or Rs.2,000/-enclosed.

Membership Fee	Life Membership	Rs. 10,000.00 + VAT	Annual Membership	Rs. 2000.00 + VAT
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I hereby certify that the particulars furnished by me above are true and correct.

Signature of Applicant..... **Date**.....

Please forward two photographs (passport size) and Rs: 420/= (inclusive of VAT) being the charges for Centre/ Life Membership Card

11. Certification by President / Secretary of the Member Association of the OPA of which the Applicant is a Member.

I hereby certify that Mr. / Ms. / Dr.

is a member of
holding Membership NoHe/She is entitled to become a Member of the OPA Centre in terms of Section 16.5 of the OPA Constitution and is enjoying all rights and privileges of our Association as such Member.

Name of President / Secretary

Signature **Date:**

Official seal

FOR OFFICE USE

Received on

Checked by..... **Forwarded by**

Recommended / Not recommended by Membership Committee on

Approved by Executive Committee, OPA on.....

Amount **Cash/Cheque**..... **Date** **R N**

ID card fees

Signature of Gen Sec/OPA **Date**.....