

Date :



Established in 1975  
"Voice of Professionals"

**THE ORGANISATION OF PROFESSIONAL ASSOCIATIONS OF SRI LANKA**

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

Telephone -0112580268, 011255217 Fax- 0112559770

E-mail-[opasrilanka@gmail.com](mailto:opasrilanka@gmail.com) WebSite - <http://www.opasrilanka.org>

**APPLICATION FOR CENTRE MEMBERSHIP OF THE OPA**

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

OPA Membership

Forenames : .....

Surname : .....

2. National Identity Card No ..... Civil Status .....

3. RESIDENCE

Photograph

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 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.

<b>Membership Fee</b>	Life Membership	Rs. 10,000.00	Annual Membership	Rs. 2,000.00
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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
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**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 No .....He/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** .....    **Date** .....  
(Signature of Centre Director)

**checked by**.....    **Submitted by** .....    **Date** .....  
(Signature of Centre Director)                      (Signature of Chairman of the Membership Committee)

**Recommended / Not recommended by Membership Committee on** .....

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

**Amount** ..... **Cash/Cheque No.**..... **Date** ..... **R /N** .....

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