#### **General Instructions for Applying Life Membership of SLVA**

1. Duly filled application form and confirmation documents for life membership fee should be forwarded to the following address by registered post.

"The Secretary,
Sri Lanka Veterinary Association (SLVA),
275/75,
Organization of Professional Associations (OPA) Building,
Colombo 07, Sri Lanka."

OR

Scanned copies of above original documents can be emailed to the secretary of SLVA via official email address: <a href="mailto:info@slva.org">info@slva.org</a>

2. Payment of Life Membership fee

### Option 1:

The membership fee should be deposited to the following bank account of SLVA and a copy of the bank slip should be provided with the application.

Bank of Ceylon (BOC) Super Grade Kandy Account Number: 0000031597

#### Option 2:

Online money transfer to the above bank account can be done by the applicant (including overseas applicants) and a copy of bank deposit confirmation should be provided with the application.

3. Issuing Cash receipt

A cash receipt for membership payments will be issued to the applicant by the treasurer of SLVA upon confirmation of bank deposits.

4. Issuing a Membership Card

It is compulsory to provide a colour photograph (stamp size 2 cm x 2.5 cm) of the applicant in order to issue a 'Life membership card' for all the life members from 2018 onwards. This electronic ID card will facilitate them to enter into SLVA sessions and AGMs without manual registration.

## Dear Secretary of SLVA,

Herewith, I am submitting the duly filled application for life membership, documents confirming the bank payment and a stamp size photograph. I would like to obtain life membership of SLVA.

Signature of Applicant	Date

# **Application for Life Membership**

Date:	••••	./	. /	••••	•••
Detail	s of	apı	plic	ant	

**Signature of Applicant** 

1. Title (√)	Dr.							Prof.				
2. Full Name												
3. Name with Initials												
4. Gender (V)		Male					Fe	male				
5. National ID No.												
6. Residential Address												
7. Phone No												
Mobile												
Home												
8. Email addresses												
9. Occupation												
10.Name of the												
Institute/ workplace												
11.Address												
of workplace												
12.Office phone No												
13.Veterinary Council of Sri Lanka (VCSL) Reg. No							14. Year of Graduation					
I hereby certify that above details	s provi	ded by	me fo	r the r	egistra	tion as				ri Lanka	a Veter	rinary
Association (SLVA) are true and accurate for the best of my knowledge. Further, I provide my consent to publish my data on the world wide web.												

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**Date**