



**SRI LANKAN ASSOCIATION OF
MANITOBA**
P. O. BOX 41023 WINNIPEG,
MANITOBA CANADA R3T 5T1



Application for Membership

Principle Applicant

Family Name	First Name	Telephone No.
Email		Alternative Telephone No.

Family Members: Spouse (if applicable)

Family Name (if different)	First Name	Telephone No.
Email		

Family Members: Children and Other (if applicable)

1	First Name	<input type="radio"/> Male	<input type="radio"/> Female
2	First Name	<input type="radio"/> Male	<input type="radio"/> Female
3	First Name	<input type="radio"/> Male	<input type="radio"/> Female
4	First Name	<input type="radio"/> Male	<input type="radio"/> Female
5	First Name	<input type="radio"/> Male	<input type="radio"/> Female

Membership Category:	<input type="radio"/> Family (\$20.00 per year)	<input type="radio"/> Single (\$12.00 per year)
Application Type:	<input type="radio"/> Renewal	<input type="radio"/> New Member

Signature:	Date:
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For official use -----

Amount Received: _____ Paid by check cash other

Received by: _____ Received date: _____ Membership No. _____