



NATIONAL STROKE ASSOCIATION OF SRI LANKA
Membership Application Form

Name:

Age: Date of Birth:

Nationality:

Designation:

Residence:-

Address:

Telephone:

Office:-

Address:

Telephone:

Fax:

Mobile:

E – mail:

Life Member (Sri Lankan Resident):

Overseas Member: Ordinary Life

Corporate Member: (*please tick as appropriate*)

Date:

Signature:

Please see next page for subscription rates and payment details.

SUBSCRIPTION RATES

<u>Member Category</u>	<u>Rate</u>
Ordinary member	Rs 200/- per annum
Life Member	Rs 2,500/-
Overseas Member	US\$ 100 per annum
Life member	US\$ 500
Corporate member	Rs 25,000/- per annum

Please send your payment by cheque in favour of “National Stroke Association of Sri Lanka” or to the following account by bank transfer;

Account Name: NATIONAL STROKE ASSOCIATION OF SRI LANKA

Bank: HATTON NATIONAL BANK

Address: HEAD OFFICE, 479, T B JAYAH MAWATHA, COLOMBO 10.

ACCOUNT NUMBER: 003010499372

BANK CODE: 7083

SWIFT CODE: HBLILKLX

All Payments will be acknowledged by official receipt.