



# Sri Lanka Association for Laboratory Animal Science (SLALAS)

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## MEMBERSHIP APPLICATION FORM

Name: .....

Prefixes: Prof/Dr/Mr/Ms

Qualifications: .....

Current position and Institution: .....

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.....

Office address: .....

.....

Permanent address: .....

.....

Preferred address for correspondence: Official/Permanent

Telephone: Office: ..... Residence: .....

Mobile: .....

Email address: .....

Membership applied for: Life/Regular/Student/Session

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(Signature of the Applicant)

**Proposed by:**

**Seconded by:**

Name: .....

Address: .....

.....

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Tel. No.....

Email.....