#

# **Membership Application**

Please Fill in BLOCK letters or circle the most suitable option. Membership Categories include ordinary Member (Neurologists Board Certified by PGIM, Sri Lanka), Associate Member (Post MD trainees in Neurology, in Sri Lanka), Overseas Member (current or ex-Sri Lankan Residents practicing as Neurologists Overseas), Foreign Member (Non-Sri Lankan Residents practicing as Neurologists Overseas)

* Surname:
* Given Names:
* Membership category: [Associate] / [Ordinary] / [Overseas] / [Foreign]
* Resident status: [Sri Lankan] / [Overseas]
* Board Certified: [Yes] / [No]
* Qualifications

Undergraduate: Awarded by:

Postgraduate: Awarded by:

* License to practice: [Sri Lanka Medical Council] / [Overseas – Specify………………………]

* Employment / Affiliation

Place of Work:

Current Position:

* Postal Address:
* Email Address:
* Mobile Number:

I, Dr……………………………………………………………………………………………………………

do hereby declare that the information provided above is true and correct.

……………………………………………

(Signature and date)