

Membership Application

Please Fill in BLOCK letters and circle the most suitable option when there are many. 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).

Complete this form as instructed and email a scanned copy with relevant attachments to [office@asn.lk](mailto:office@asn.lk) with the subject line “New Membership Application”

Attachments required are:

1. Front and back of NIC and/or passport (PDF)
2. Front and back of all certificates (PDF)
3. Front and back of medical practitioner license (PDF)

**TYPE THIS DOCUMENT IN MICROSOFT WORD > PRINT IT > SIGN IT > SCAN IT > EMAIL IT**

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

|  |  |  |
| --- | --- | --- |
|  | Qualification | Awarding institution |
| Undergraduate |  |  |
| Postgraduate |  |  |

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

………………………………………..

* License registration number:
* Employment / Affiliation

Place of Work:

Current Position:

* Postal Address:
* Email Address:
* Mobile Number:
* NIC and/or Passport:
* Date of birth:

I, Dr…………………………………………………………………………………………………………… do hereby declare that the information provided above is true and correct.

…………………………………………… (Signature and date)