



Galle Medical Association

GMA Office, Teaching Hospital Karapitiya, Galle, Sri Lanka
 Tel/ Fax: +94 91 2232560 ; e-mail: gmathk@gmail.com ; website: gma.lk

APPLICATION FOR MEMBERSHIP

Title: Dr / Prof **Surname:**

Other Names:

Date of Birth:

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Sex: Male: Female: **Membership** Life: Annual:

Address for Correspondence:

Contact Telephone Numbers:
 Home:

 Mobile:

 Office:

 E-mail Address:

 Qualifications:

Sri Lanka Medical Council Registration No:

Current Position / Designation:

Place of Work:

I hereby apply for admission as a Life / Ordinary Member of the Galle Medical Association (GMA) and undertake to abide by the Memorandum and Articles of Association of the GMA.

Signature: _____ **Date:** -----/-----/-----

Proposer:

Signature: _____
Seconded:

Signature: _____

The Proposer and Seconded should be Life Member of the GMA.

For Official Use:

Date of Receipt of Application:

Subscription: Rs. 5,000/- Rs. 1,000/- **Receipt No:** _____
Date of Council Approval:

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If Cheque: _____
Membership No:

Bank : _____
Date of Posting Letter of Confirmation:

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Cheque No: _____

Eligibility criteria for Membership

Any graduate of a medical or dental school or university recognized by the Sri Lanka Medical Council and who is registered or qualified to be registered under Section 29 of the Medical Ordinance and working and/or residing in the Galle District; or any permanent member of the academic staff of the Faculty of Medicine, University of Ruhuna who is teaching medical undergraduates is eligible to become an ordinary member of the Association. Members who are Intern Medical Officers are eligible to vote but not hold office.