



Application for Membership
University Librarians Association (ULA)
Sri Lanka

Please enroll me as a member of the University Librarians Association (ULA) of Sri Lanka.

1) Full Name (Surname First):

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2) Name with Initials:

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3) Title: Mr./ Mrs./ Miss./ Dr./ Rev.

4) Sex: Male/ Female.....

5) Date of Birth : Date:..... Month:..... Year:.....

6) Post/Designation / Job Title:

7) Official address: (Faculty/Institution and the university)

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8) Telephone: Office;-....., Residence:-

9) Date of Appointment (Duty assumed) Date:..... Month:..... Year:.....

10) Email:.....

11)Fax:

I hereby abide by the Constitution of the University librarians' Association and its rules and regulations amended by time to time.

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Signature

.....
Date

Note: Please attach a copy of your appointment letter and send the form to The General Secretary, University Librarians Association, Main Library, University of Kelaniya, Dalugama.

For office use only

Date of receipt of the application:.....

Date of approval by EXCO:.....

Date of enrollment:.....

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Signature of the General Secretary