



SRI LANKA ASSOCIATION OF NEW ZEALAND (Incorporated)
P.O. Box 2696 Wellington

APPLICATION FOR MEMBERSHIP

Name:

Name of Partner / Spouse:

Address:

Phone: **Fax:** **E-mail:**

Special Interests:

Dependent Children:

Name: **DOB:**

Name: **DOB:**

Name: **DOB:**

Name: **DOB:**

Dependent Parents Resident in NZ:

Name: **Name:**

Name: **Name:**

Proposer: **Seconder:**

(Please note that Proposer and Seconder should be a member of SLANZ)

I wish to apply for the membership of Sri Lanka Association of New Zealand. I have read the objectives of SLANZ and pledge to abide by the rules and regulations of the Association.

Date of Application: **Signature:**

Please return to Secretary SLANZ P.O. Box 2696 Wellington

Approved: **Date:**

President **Secretary**

MEMBERSHIP NUMBER: