



MEMBERSHIP APPLICATION FORM

I wish to join the Photographic Society of Sri Lanka as an Ordinary Member. Required information is provided below.

Title – Rev / Dr / Mr / Mrs /Ms

First Name

Initials (including the initial of your first name, but excluding the initial of your surname)

Surname

National ID Card number (or Passport Number if non-resident)

Data of Birth (dd/mm/yy)

Home Address

Work Address (if applicable)

Email address

Home Phone Number		Mobile Phone Number

Office Phone Number		Facsimile Number

Photographic Society of Sri Lanka
Lionel Wendt Memorial Art Centre, 18 Guildford Crescent, Colombo 07, SRI LANKA

Membership (Ordinary / Life / Honorary) of any other photographic society																			
Society															Membership Category				
1																			
2																			
3																			
4																			
5																			

Profession (Professional Qualifications)																			
1																			
2																			
3																			
4																			

Name and Address of Proposer																			

Signature of Proposer	
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Name and Address of Seconder																			

Signature of Seconder	
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I certify that the information given above is true and correct and if I am elected as a member of the Society, I agree to abide by the rules, regulations and code of conduct and any other guidelines laid down by the Society.

Signature of Applicant	
Date	

**Please handover the completed form to the PSSSL office or Email to
office@pssl.lk**