



COLLEGE OF DENTISTRY AND STOMATOLOGY OF SRI LANKA

MEMBERSHIP APPLICATION FORM

CATEGORY : *(Please Tick Appropriate)*

ASSOCIATE MEMBER

LIFE MEMBER

NAME :

POSTAL ADDRESS :

.....

TELEPHONE NUMBER : MOBILE:.....

EMAIL :

BASIC QUALIFICATIONS :

POSTGRADUATE QUALIFICATIONS :

(The duration of the PG qualification should be a minimum of three years)

DESIGNATION & OFFICIAL ADDRESS :

.....

SIGNATURE

PROPOSED BY

NAME :

DESIGNATION :

SIGNATURE :

SECONDED BY

NAME :

DESIGNATION :

SIGNATURE :

OFFICIAL USE

MEMBERSHIP NUMBER

DATE RECEIVED

PAYMENT DETAILS