ST SEBASTIAN'S COLLEGE – MORATUWA

OLD BOYS' ASSOCIATION

MEMBERSHIP APPLICATION FORM

Please enroll me as a Life Member of the Association

- Name in full (Please underline common name and Surname)
- Address (Residential)
- Date of Birth (DD/MM/YYYY) D D / M M / Y Y Y Y
- NIC
- Telephone (Residence)
- Telephone (Other)
- Mobile 1
- Mobile 2
- Personal Email Address
- Working Industry
- Designation
- Organization
- Business Address
- Telephone
- Fax
- Official Email Address
- College Admission No
- Stay at College (Year From - To) Y Y Y Y - Y Y Y Y
- Professional Qualifications (if any) _____

_____

_____

Photocopy of College Leaving Certificate is attached: Yes / No

Life Membership Fees of Rs. 1000/- is enclosed in CASH / CHEQUE No:

Date D D / M M / Y Y Y Y

Signature

INTRODUCED BY Name _____ Member No _____

Date _____ Signature _____

OFFICIAL USE

Checked | MEMBER #

Date Tabled _____

Receipt No _____ Date Issued _____

Hon. Gen Secretary _____

Treasurer _____