COLLEGE OF ORAL & MAXILLOFACIAL SURGEONS OF SRI LANKA

Application for Membership

Name in Full: ……..

Name With Initials: …….

Permanent Address: …….

Gender :…… Date of Birth: …….

Qualifications:……..

Date of obtaining Postgraduate Qualification in OMF Surgery: …….

Experience in Oral & Maxillofacial Surgery : ……...

……..……..

Present Post: ……

Previous Posts: ……

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Names and Addresses of two referees : (Referees should be life members)

1) …… 2) …….

..…… ……

…… ……

Signature …… Signature.……

Type of membership: Life ☐ Trainee ☐ ……

Membership Fee Paid (Rs) :……

Mode of Payment : Cash ☐ Cheque ☐ M/O ☐ Online ☐

Cheque / Money order No. :…….. Bank : …….

Date :……. Signature of applicant: …….

For office use

Date of receipt of application: …… Subscription : Life / Trainee/ ……

Signature of Treasurer: ……..

Date of Approval by Council: ……

Signature of President:…… Signature of Hony. Secretary : …….