

**Application for Membership**

**University Librarians Association (ULA)**

**Sri Lanka**

**Please enroll me as a member of the University Librarians Association (ULA) of Sri Lanka.**

1. Full Name (Surname First):

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1. Name with Initials:

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3) Title: Mr./ Mrs./ Miss./ Dr./ Rev. …………………………………………….....………………… 4) Sex: Male/ Female………………………………………

5) Date of Birth : Date:................................. Month:.................................... Year:..............................

6) Post/Designation / Job Title: ……………………………….................…………………………..

7) Official address: (Faculty/Institution and the university)

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8) Telephone: Office;-………………………………….., Residence:- ……........................………… 9) Date of Appointment (Duty assumed) Date:...................... Month:........................ Year:............... 10) Email:....................................................................................................

11) Fax: …………………………………………………

I hereby abide by the Constitution of the University librarians' Association and its rules and regulations amended by time to time.

………………… ………………………… Signature Date

**Note**: Please attach a copy of your appointment letter and send the form to **The General Secretary, University Librarians Association, Main Library, University of Kelaniya, Dalugama.**

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***For office use only***

*Date of receipt of the application:..........................................................*

*Date of approval by EXCO:...................................................................*

*Date of enrollment:................................................................................*

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Signature of the General Secretary