KELANIYA MEDICAL FACULTY PHOTOGRAPHY SOCIETY (KMFPS)
P.O.Box 6, Talagolla Road, Ragama
mediclicksragama@gmail.com
APPLICATION FOR MEMBERSHIP
(Please use block letters or print)

I hereby apply for admission as a member of the KELANIYA MEDICAL FACULTY PHOTOGRAPHY SOCIETY. The particulars given below are correct.

Please type / fill, tick where necessary

Mr. Mrs. Ms. Dr. Prof.

Name

…………………………………………………………………………………………………………………………………………………………………………………………

Mobile

……………………………………………….

E mail address

……………………………………………………………………………………….

Postal address

………………………………………………………………..
………………………………………………………………..
………………………………………………………………..
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Membership type Student member Association member

Only for student members

Batch …………………….

Student Registration code …………………………….

Signature of the applicant ………………………………………………

Only for association members

Designation …………………………………………

Department/ Unit…………………………………
I give my consent to deduct Rs.50 from each month from my salary till the period of my employment at the faculty of Medicine, University of Kelaniya.

Signature ……………………………..

For office Use:
The Bursar,
Faculty of Medicine, University of Kelaniya,
Please deduct Rs:50 every month of my salary and send to the Account of Kelaniya Medical faculty Photogarphy society, at the Peoples’s Bank Ragama, till my retirement/resignation of my post.
Thank you.

…………………………………………………………….
Signature