

**Sri Lanka National Republican Party
(SLNRP)**



APPLICATION FOR MEMBERSHIP

Registration No.

Date of Registration:

Full Name:

Address:

Tel. No. : Fax No. :

E-mail No. : Web Address:

Professional Status:

Place of employment:

Representing (trade union/institution, organization/political party/society)

(If you hope to obtain the membership as a representative please attach a copy of the registration certificate, appointment letter, or the requesting letter printed in a letterhead of the relevant organization) This is not applicable for personal applicants.

The address of the representing Institution:

Telephone No. Fax No. :

E-mail: web address

I/we declare that I/we (personally /through the organization , society, institution) do like to work in the organization (SLNRP) personally and together for realizing the targets, policies, ideologies, objectives and purpose established by Sri Lanka National Republican Party.

Date:

Signature/s

Special Membership
Ordinary Membership