



SRI LANKA ASSOCIATION FOR ANIMAL NUTRITION

+94 773 250 447 dammikaw@wyb.ac.lk

MEMBERSHIP APPLICATION FORM

1. Personal Details

Full Name :

Title : Prof / Dr / Mr / Ms

Qualifications :

2. Professional Information

Current position :

Institution/Organization :

3. Contact Details

Office Address :
.....

Permanent Address :
.....

Preferred Address for Correspondence: Office / Permanent

Telephone : Office

Residence

Mobile

Email:

4. Membership Category (Tick)

Founder Member Institutional Member

Life Member Student member

Regular Member Associate (session) member



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5. Declaration

I hereby apply for membership in the Sri Lanka Association for Animal Nutrition (SLAAN) and agree to abide by its Constitution, By-Laws, and Code of Ethics.

Signature:

Date:

6. Proposer and Seconder

Proposed by:

Name :
Institution :
Contact No :
Email :

Seconded by:

Name :
Institution :
Contact No :
Email :

For Official Use Only

Application Received Date :
Membership Category Approved :
Payment Received :
Date of Confirmation :
Membership No :