MUSAEUS COLLAGE SOCIETIES <u>APPLICATION FOR MEMBERSHIP</u>

Office use only		
Membership		
No		
Date		

Full name						
Name with						
Initials						
Official						
Address						
Private						
Address						
Diagnostic/Therapy:						
Telephone						
No (s)						
E-mail :-						
I WILL PAY THE ANNUA	AL FEE BY MYSELF / HER	F BY I GIVE MY CONS	SENT TO DEDUCT RS 500/	FROM MY SALARY		
I WILL PAY THE ANNUAL FEE BY MYSELF / HERE BY I GIVE MY CONSENT TO DEDUCT RS. 500/= FROM MY SALARY ANNUALLY.						
SIGNATURE OF THE A	SIGNATURE OF THE APPLICANT DATE					
Applicants must have the Diploma from the School of Radiography Sri Lanka / BSc Radiography from University						
of Peradeniya or equal. Please hand over your application to the Secretary / President / Treasurer of S.R.T.S.L. with Registration fee of						
Rs.500/= and first year annual fee of Rs. 500/= to the treasurer. (Payment can be made at any BOC branch to						
be credited to the "Society of Radiological Technologists Sri Lanka" account No. 1840508 at Bank of Ceylon,						
Regent Street , Colombo 10 branch & attach a copy of the slip)						
For efficiel use only						
For official use only Membership Granted						
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signature				signature		
President/Secretary		Date		TREASURER		