

NETHERLANDS ALUMNI ASSOCIATION OF SRI LANKA (NAAL)

APPLICATION FOR MEMBERSHIP

Full Name: (Mr/Mrs/Ms/Dr/Prof):		
Family name with Initials :		
Gender: Male / Female/ OtherDate of Birth:		
Address: Residential:		
Telephone: Residence:	Mobile:	
WhatsApp Number	Best Contact number: .	
Email Address :		
Present Employment / Position		
i. Organization:		
ii. Email Address:		
iii. Telephone Number:		
iv. Designation:		
Program followed / attended in the Netherland	ls:	
Institution / Organization in The Neth	erlands:	
Name of the program followed:		
Period of study:		
Specializations:		
Other specific experiences obtained:		
Professional / academic achievements	X 7	O 1'C 4'
Institute /Country 1	Year	Qualification
2		
3		
Memberships and positions held in other		
1		
2		
Any other information (Your special skills, Experiences, Hobbies, Specializations etc.)		
Membership Payment: (please select your		
Option 1 – Life member (have to be in the membersh	• /	5,000.00
Option 2 – Ordinary Member: Rs 500.00		
Please deposit Rs 5,000.00 or 500.00 (as applicable) to NAAL account no 0011 0012 1073 224, Peoples Bank, Duke Street Branch and send the deposit slip or transfer note together with the completed application. OR please send a		
cheque written for the amount applicable on behalf of Netherlands alumni Association of Lanka.		
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Date of submission: Si	gnature of the applicant:	
Proposed by Si	nature	
Seconded by Si	gnature	
Approved by the Executive Committee of NAAI	. on	
President S	ecretary	
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