

Sri Lanka Association of Oral & Maxillofacial Surgeons
Application for Membership

Name:

Permanent Address:

Sex: Date of Birth:

Qualifications:

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Date of obtaining postgraduate Qualification in Oral Surgery:

Experience in Oral and Maxillofacial Surgery:

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Present post:

Previous Posts:

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❖ Names and addresses of two referees:

1.....

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2.....

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Type of membership required: Life () Ordinary ()

• Membership fees paid (amount in rupees)

Mode of Payment: Cash Cheque M/O Bank:

Cheque/Money Order no.

Date:

Signature

- ❖ Referees must be members of SLAOMS.
- Membership fees : Life membership- Rs.5000/=,
Annual membership – Rs. 500/=
Junior Membership – Rs 200/=