



**OLD PUPILS' ASSOCIATION**  
SIRIDHAMMA COLLEGE, LABUDUWA, GALLE  
**MEMBERSHIP APPLICATION**

OFFICE USE ONLY	
Application Received date	<input type="text"/>
Membership Issued date	<input type="text"/>
Committee Recommendation	<input type="text"/>
Membership ID	<input type="text"/>
Secretary	<input type="text"/>

NOTE:  
THIS FORM SHOULD BE FILLED IN BLOCK CAPITALS. PLEASE PUT A ✓ ON RELEVANT BOXES

**GENERAL INFORMATION**

Title Mr.  Mrs.  Miss.  Dr.  Prof.  Other.

Name with Initials

Full Name

Gender M  F  Civil Status Married  Unmarried  Date of Birth

NIC Number

Home Address  Mailing Address

Phone Numbers

E-mail

**WORKPLACE INFORMATION**

Designation

Company/Work Place

Work Address

Phone Numbers

E-mail

**SCHOOL INFORMATION**

School Admission Number  A/L Batch

Time Period Studied at Siridhamma College From  to

Academic achievements & extra curricular activities participated

By signing here, I certify that above particulars are true & correct according to the best of my knowledge. If there is any changes with regard to above mentioned details, I commit itself to update Siridhamma College Old Pupils' Association as soon as possible. Also, am bound to agree with constitution of the Association and I kindly request to consider me as a member of the Old Pupils' Association of Siridhamma College

Date

Signature

Note: Please attach relevant documents ( Ex. Leaving Certificate) with this form, which can prove you as a old pupil of the school