

**Sri Lanka Academy of Aesthetic and Cosmetic Dentistry**  
**Application for Membership**

**Name in Full:** .....

**Sex:** Male / Female

**Date of Birth:** .....

**Permanent Address:** .....  
.....

**Official Address:** .....  
.....

**Telephone No:** ..... **E –mail:** .....

**Professional Qualifications:** .....  
**(With University & Year)** .....

**SLMC Registration No:** .....

I do hereby declare that the information given above is correct and undertake to abide by the Constitution of the Sri Lanka Academy of Aesthetic and Cosmetic Dentistry.

**Date:** ..... **Signature** .....

☞ Names and addresses of two referees & Signatures:  
(Referees must be members of the SLAACD)

- 1) .....  
.....  
.....
  
- 2) .....  
.....  
.....

**Type of membership required:** Life  Ordinary

◆ **Membership fees paid (amount in rupees):** .....

**Mode of Payment:** Cash  Cheque  M/O

Cheque / Money order no:..... Bank:.....

◆ **Membership fees:** Life membership - Rs 2,000/- Annual membership – Rs 500/-

Please mail your duly filled application forms with payment in favour of “Sri Lanka Academy of Aesthetic & Cosmetic Dentistry (SLAACD)” to the Secretary, SLAACD Secretariat, 18/186A Dabare Mawatha, Colombo 5.