

SRILANKAN ASSOCIATION OF MANITOBA MEMBERSHIP APPLICATION FORM

LAST NAME	FIRST NAME	MIDDLE NAME / INITIAL
STREET ADDRESS		
CITY	PROVINCE	POSTAL CODE
TELEPHONE # - CELL	TELEPHONE # - HOME	TELEPHONE # - WORK
EMAIL ADDRESS		ADD TO MAILING LIST YES <input type="checkbox"/> <input type="checkbox"/>
FAMILY MEMBERS		RELATIONSHIP
01		
02		
03		
04		
05		

.....
SIGNATURE

.....
DATE