



**SRI LANKA ASSOCIATION OF ADMINISTRATIVE &  
PROFESSIONAL SECRETARIES**

c/o No.1 Botheju Mawatha, Off Thimbirigasyaya Road, Colombo 5

email: [slaaps.srilanka@yahoo.com](mailto:slaaps.srilanka@yahoo.com)

[www.slaapsonline.com](http://www.slaapsonline.com)

Reg.No. GA 361

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**APPLICATION FOR MEMBERSHIP**

**A. PERSONAL**

Surname

:

Given Names (Mr/Mrs/Miss) :

Address (1) Official

(2) Private

Address to which you wish to have correspondence sent – (1) or (2)

(3) Email

Telephone: (1) Official \_\_\_\_\_ (2) Private \_\_\_\_\_

Date of Birth \_\_\_\_\_ (Date & Month Only)

Educational and Professional Qualifications : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Speed in Shorthand : \_\_\_\_\_ Typing : \_\_\_\_\_

Educational institutions attended : (1) \_\_\_\_\_

(2)

\_\_\_\_\_

(3)

\_\_\_\_\_

Extra Curricular Activities

\_\_\_\_\_

Hobbies/Interest: \_\_\_\_\_

\_\_\_\_\_

Highest Academic Qualifications achieved: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Would you like to join any of our Sub-Committees  
and be an active member ?

Yes/No

**B. OFFICIAL**

Present Employment :

Name & Designation of your Boss: \_\_\_\_\_  
\_\_\_\_\_

Your Designation  
:

Joined in  
:

Nature of Work  
:

Department/Division  
:

Membership in any other Association, if any:  
\_\_\_\_\_

**c. DECLARATION**

I,

\_\_\_\_\_  
Declare that the particulars furnished by me in this Application are true and correct. In the event of my Application for Membership being accepted, I shall abide by the Constitution and Rules and Regulations governing the membership of the Association.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**Strike off whichever is inapplicable**

CERTIFICATION BY THE MEMBER RECOMMENDING

I, \_\_\_\_\_ do hereby certify that the  
Applicant is a \_\_\_\_\_ and recommend him/her for membership.

Membership No. \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

**D.** N.B Your Application will be rejected, if it is not accompanied by

(1) a remittance for the full amount :

Annual Subscriptions

Associate/Affiliate

Rs.1000.00

Entrance Fees

Rs. 250.00

(2) a letter from the Employer confirming designation

ALL CHEQUES should be crossed and drawn in favour of the **Sri Lanka Association of Administrative & Professional Secretaries.**

E. FOR OFFICE USE ONLY

1. Tabled before the Executive Council on : \_\_\_\_\_
2. Approved for Membership with effect from: \_\_\_\_\_
3. Class of Membership approved : \_\_\_\_\_
4. Membership Number: \_\_\_\_\_
5. Remarks : \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
SECRETARY  
ON BEHALF OF EX-CO

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