Junior Chamber International Sri Lanka

Worldwide Federation of Young Leaders and Entrepreneurs

MEMBERSHIP APPLICATION

APPL NO LOM .....

Personal Information

Name (In block letters & as in NIC/Passport) : Mr. / Mrs. /Ms. _____

_____

Date of Birth _____ Age _____ Place of Birth _____

NIC No |_|_|_|_|_|_|_|_|_|_|_|_|

Residential Address _____

_____

Telephone : Home _____ Mobile _____ Office _____

E-mail _____ Fax _____

Nationality _____ Name of School _____

Details of Academic/Professional Qualifications _____

_____

Company / Employer _____ Job Title _____

Spouse's Name _____ Date of Birth _____ Occupation _____
(If Applicable)

Details of Children

Name	Age	School

JCI Sri Lanka Joined Date _____ Positions Held/Year _____

Name of LOM _____ _____

Special Awards/Recognition _____ _____

_____

_____

Inducted date _____ Place _____

(Attach copy of your birth certificate, NIC & 2 Passport size recent photographs)

_____
Signature

VERIFIED BY	
Name & Signature of LOM President Date:	Name & Signature of LOM Secretary Date:

Remarks _____

_____

For office use only

Membership No _____ Registration Fee Rs. _____

Annual Subscription Fee Rs. _____ Life Membership Rs. _____

Remarks _____

_____

National President Secretary General Treasurer

Date _____