



SRI LANKA ASSOCIATION OF TESTING LABORATORIES (SLATL)

“VIDYA MANDIRAYA” 120/10, WIJERAMA MAWATHA, COLOMBO 07, SRI LANKA
Tel. 94112688469

APPLICATION FOR MEMBERSHIP Associate Membership

Name	
Address	
Contact details	Tel. (Official): Tel. (Mobile): Fax: Email:
Brief description of testing activities involved	
I assure that all information provided is true and accurate and a cheque (No.) for Rs 500/= for annual membership/Rs. 5,000/= for Life membership is enclosed.	
..... Name & Signature of applicant Date
Proposed by:	
..... Name of proposing member Signature of Representative of the proposing member
Seconded by:	
..... Name of seconding member Signature of Representative of the proposing member
For Office use:	
The application was accepted by the Executive Committee meeting held on.....	
..... Signature of President Signature of Secretary
Membership No;	Informed applicant by letter dated: