



SRI LANKA ASSOCIATION OF TESTING LABORATORIES (SLATL)

VIDYA MANDIRAYA" 120/10, WIJERAMA MAWATHA, COLOMBO 07, SRI LANKA
Tel. 94112688469, Email: testlabs@slt.net.lk, web-<http://www.slatl.com/>

APPLICATION FOR MEMBERSHIP Institutional Membership

Name and Address of Laboratory	
Name and Designation of Contact Person	
Contact details	Tel. (Official): _____ Tel. (Mobile): _____ Fax: _____ Email: _____
Type of Organization	Public sector/Private sector/University
Private sector Testing labs	Company registration number
Private sector Medical labs	Ministry of Health registration number
Type of testing services provided	Service to clients/In-house testing
Field of testing	Physical/Chemical/Microbiological/Medical/Any other (Please specify)
Staff strength	Managerial Analytical
I assure that all information provided is true and accurate and a cheque (No.) for Rs 2000/= for annual membership/Rs. 10,000/= for Life membership is enclosed.	
..... Name & Signature of CEO Date
Proposed by:	
..... Name of proposing member Signature of the proposing member
Seconded by:	
..... Name of seconding member Signature of the seconding 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: