



APPLICATION FORM FOR MEMBERSHIP IN THE **LANKA - JAPAN FRIENDSHIP SOCIETY**

Sasakawa Cultural Centre, No 4, 22nd Lane, Colombo 3. Tel/Fax: +94 112 437 925 E-mail: ljfs2012@gmail.com
Web: www.lankajapanfs.com

Please fill in BLOCK Letters

Date: _____

Name in Full: _____
Surname Other Names

Sex: _____ Nationality: _____ Date and Month of Birth: _____

Postal Address: (a) Office: _____

(b) Residence: _____

Telephone No.: (a) Office _____ (b) Residence _____

Fax No.: (a) Office _____ (b) Residence _____

E-mail: _____ Mobile: _____

Whether to be a Corporate / Life: _____

Occupation / Position _____

If in business, please state name of Establishment, nature of business: _____

Have you visited Japan? If so, in what connection and duration of stay: _____

I affirm that all statements in this application are true and I agree to abide by the Constitution and Rules of the Lanka - Japan Friendship Society. (Member fees - Enrollment Fee: Rs. 250/- plus Life / Corporate Rs. 5,000/-)

(Signature of Applicant)

The above applicant is personally known to me and I have pleasure in proposing his /her enrolment

Name of Proposer _____ Signature of Proposer _____

Membership No. _____ Address: _____

Name of Seconder _____ Signature of Seconder _____

Membership No. _____ Address: _____

Note: The Proposer and Seconder must be members of the Society in good standing.

FOR OFFICIAL USE ONLY

Date of application received by Hony. General Secretary / Asst. Secretary / Treasurer: _____

Date of Executive Committee Meeting on which application was approved: _____

Decision: _____

Subscription Rs. _____ (Cash / Cheque No.) _____ Paid on: _____

Receipt No.: _____ Membership No. _____

(President / Hony. General Secretary / Treasurer)