

APPLICATION FOR ASSOCIATE MEMBERSHIP UNIVERSITY OF COLOMBO ALUMNI ASSOCIATION OF NSW INC.		
APPLICANT		
I,		
of		
hereby apply to become an associate member of the above named incorporated association. In the event of my admission as a member, I agree to be bound by the constitution of the association for the time being in force.		
Signature of Applicant:		Date:
PROPOSED BY		
I,		
a member of the association, nominate the applicant for membership of the association.		
Signature of Proposer:		Date:
SECONDED BY		
I,		
a member of the association, second the applicant for membership of the association.		
Signature of Seconder:		Date:
MEMBER DETAILS		
APPLICANT PERSONAL INFORMATION		
Title:		
Name:		
Current Address:		
City:	State:	Postal Code:
Phone (home):	Phone (work):	Mobile:
E-mail:		
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
EMPLOYMENT INFORMATION (OPTIONAL)		
Occupation:		
Employer/Address:		
City:	State:	Postal Code:
Position:		
UOC INFORMATION		
Relationship with UOC:		