



USLA

United Sri Lanka Association Incorporated

Established in 1983



Membership Application Form

Please provide mandatory fields (marked as *)

Financial Year : 2024 / Current Year..... (1st January to 31 December)
Membership* : First Time Member (\$10.00) or Renewal (\$25.00)

Personal Information

Title * : Mr Mrs Miss Other _____ Gender: Male Female

Name : _____

Address * : First * _____ Last * _____ Middle _____

Number _____

Street _____

Suburb _____

City _____ Postcode _____

Phone : _____

Home _____ Mobile * _____

email address1 * : _____

email address 2 : _____

Family Member(s) Information

(partner information and children under 18 who are eligible for Associate membership)

- | | | | | |
|------------|---------|--------|----------------|-------|
| 1. Partner | _____ | _____ | _____ | _____ |
| | First * | Last * | Relationship * | DOB |
| 2. Child | _____ | _____ | _____ | _____ |
| | First * | Last * | Relationship * | DOB |
| 3. Child | _____ | _____ | _____ | _____ |
| | First * | Last * | Relationship * | DOB |
| 4. Child | _____ | _____ | _____ | _____ |
| | First * | Last * | Relationship * | DOB |
| 5. Child | _____ | _____ | _____ | _____ |
| | First * | Last * | Relationship * | DOB |

Other Information

Occupation : _____

Company : _____

Other Info : _____

First USLA Membership Year: _____

In the current committee: Yes No

Was in the committee: Yes No

Last time was in the committee: _____

Date:

.....

Print your name and sign above. Thanks.

Please make the payment to account [Account Name: United Sri Lanka Association, A/C No: 01 0517 0292026 00].
Please email scanned/signed copy of application form to USLA admin email (admin@usla.org.nz).