



Sri Lankan Association of New York

MEMBERSHIP APPLICATION / RENEWAL FORM

LAST NAME :

FIRST NAME :

ADDRESS :

STREET (LINE 1) :

STREET (LINE 2) :

CITY :

STATE : NY NJ CT

ZIP CODE :

TELEPHONE (PRIMARY) :

TELEPHONE (SECONDARY) :

FAX :

EMAIL :

PREFERRED METHOD OF CONTACT : EMAIL REGULAR MAIL

NAME OF SPOUSE :

NAME(S) OF CHILD / CHILDREN :
(Optional) AGE(S)

DATE :

CHECK NUMBER :

AMOUNT : \$ 15.00 \$ 25.00 \$ 150.00

INTRODUCED BY :

Please send the payment with the appropriate fee together with the application form to the mailing address below

Dr. Ranpali Fernando
80-23, 232 Street,
Queens Village, NY 11427