FORM NO: AALSL-01



## ASSOCIATION OF ARCHITECTURAL LICENTIATES IN SRI LANKA (AALSL) MEMBERSHIP FORM

| Use l | block letters to       | ofill the Application For                         | rm          |  |  |   |   |  |  |         |         |   |  |  |             |  |                  |     |    |  |  |
|-------|------------------------|---|-------------|--|--|---|---|--|--|---------|---------|---|--|--|-------------|--|------------------|-----|----|--|--|
| 1     | Name with<br>Initials: | Mr./Mrs./Miss.                                    |             |  |  |   |   |  |  |         |         |   |  |  |             |  |                  |     |    |  |  |
| 2     | Name in Full:          | Name in Full: (As appearing in Birth Certificate) |             |  |  |   |   |  |  |         |         |   |  |  |             |  |                  |     |    |  |  |
| 3     | Name in common use:    |   |             |  |  |   |   |  |  |         |         |   |  |  |             |  |                  |     |    |  |  |
| 4     | Gender:                |   | Male Female |  |  |   |   |  |  |         |         |   |  |  |             |  |                  |     |    |  |  |
| 5     |                        | ce / Residence):<br>ose of correspondence)        |             |  |  |   |   |  |  |         |         |   |  |  |             |  |                  |     |    |  |  |
| 6     | Telephone:             | Office  |             |  |  |   |   |  |  |         |         |   |  |  |             |  | <br>             |     |    |  |  |
|       |                        | Residential Mobile                                |             |  |  |   |   |  |  |         |         |   |  |  | :<br>]<br>] |  | Pass<br>R<br>Pho | ece | nt |  |  |
| 7     | Email:                 |   |             |  |  | I | L |  |  | <u></u> | <u></u> | I |  |  |             |  |                  |     |    |  |  |
| 8     | Photograph:            |   |             |  |  |   |   |  |  |         |         |   |  |  |             |  |                  |     |    |  |  |
| 9     | Nationality:           |   |             |  |  |   |   |  |  |         |         |   |  |  |             |  | <br>             |     |    |  |  |
| 10    | National Ider          | ntity Card No:                                    |             |  |  |   |   |  |  |         |         |   |  |  |             |  |                  |     |    |  |  |
| 11    | Date of Birth          | :   |             |  |  |   |   |  |  |         |         |   |  |  |             |  |                  |     |    |  |  |
| 12    | ARB Registra           | tion No:  |             |  |  |   |   |  |  |         |         |   |  |  |             |  | <br>             |     |    |  |  |
| 13    | Number of y            | ears with AALSL:                                  |             |  |  |   |   |  |  |         |         |   |  |  |             |  |                  |     |    |  |  |

| (     | (Attach a copy of the certi | ricates)  |                              |             |           |         |  |  |
|-------|-----------------------------|---|------------------------------|-------------|-----------|---------|--|--|
|       | Program                     | Univ  | versity/Institute/College    |             | Year      |         |  |  |
|       |                             |   |                              |             |           |         |  |  |
|       |                             |   |                              |             |           |         |  |  |
|       |                             |   |                              |             |           |         |  |  |
|       |                             |   |                              |             |           |         |  |  |
|       |                             |   |                              |             |           |         |  |  |
| .5. C | Declaration of the applicar | ıt  |                              |             |           |         |  |  |
|       |                             |   | (applicant's nam             | ne), hereby | declare t | hat the |  |  |
|       |                             |   | to the best of my knowledge. |             |           |         |  |  |
|       |                             |   |                              |             |           |         |  |  |
| L6.   | Signature                   |   | Current ARB Rubber Stamp     |             | Date      |         |  |  |
|       |                             |   |                              |             |           |         |  |  |
|       |                             |   |                              |             |           |         |  |  |
|       |                             |   |                              |             |           |         |  |  |
|       |                             |   |                              |             |           |         |  |  |
|       |                             |   |                              |             |           |         |  |  |
|       | Check List: Attached foli   | Check List: Attached following documents in given order |                              |             |           |         |  |  |
| a.    | Certified true copy of Bir  |   | YES                          | NO          |           |         |  |  |
| b.    | Certified true copy of Na   |   |                              |             |           |         |  |  |
| c.    | Documentary evidence f      |   |                              |             |           |         |  |  |
| d.    | Payment receipts for ann    |   |                              |             |           |         |  |  |
|       | -                           |   |                              |             |           |         |  |  |
|       |                             |   |                              |             |           |         |  |  |
|       |                             |   |                              |             |           |         |  |  |
| For   | office use only:            |   |                              |             |           |         |  |  |
|       | Category                    |   | Membership Number            |             |           |         |  |  |
| ļ     | Fellow Member               | – FAL(SL)   |                              |             |           |         |  |  |
| ļ     | Associate Member            | – AAL(SL)   |                              |             |           |         |  |  |
| ļ     | Graduate Member             | – GAL(SL)   |                              |             |           |         |  |  |
| ,     | Student Member              | – SAL(SL)   |                              |             |           |         |  |  |

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