

**Sri Lankan Medical & Dental Association in the UK**

(Registered Charity No. 800821) 24, Crescent Drive, Shenfield, Essex CM15 8DS Tel. 01277 229156

**Membership Enrollment Form**

I, \_\_\_\_\_  
Title (Forename/s) (Surname)

**GMC Registration Number**-----

Wish to enroll as a member of the Sri Lankan Medical and Dental Association in the U.K. and undertake to abide by the rules and regulations of the Association (available at our [www.srilankan-mds.org.uk](http://www.srilankan-mds.org.uk) website)

I have completed the Banker's Standing Order for the payment of the annual fee of Thirty sterling pounds.

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_

**E-mail:** .....

Telephone: \_\_\_\_\_ (Signature)

**Please return the completed application form to**

The Treasurer, Dr Champa Sumanasuriya, 152 Old Woking Rd  
Pyrford, Woking, Surrey GU22 8LE

**BANKER'S STANDING ORDER**

**To:** (Address of Bank) \_\_\_\_\_ Bank Plc  
\_\_\_\_\_  
Postcode \_\_\_\_\_

**Please Pay:** Lloyds Bank Plc, University of Birmingham Branch  
142 Edgbaston Park Road, BIRMINGHAM B15 2TY

To the account of Sri Lankan Medical & Dental Association in the U.K, Account Number 0686216, Sort code: 30-19-14 the sum of thirty pounds on the first day of January / July ( please select preferred month) each year until further notice. This cancels any existing standing orders.

Name of Account \_\_\_\_\_  
Account Number \_\_\_\_\_  
Sort Code \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_