

# SRI LANKAN MEDICAL & DENTAL ASSOCIATION IN THE UK

## MEMBERSHIP FORM

Return to Membership secretary: Dr R C Sumanasuriya 152 Old Woking Road, Woking, Surrey, GU22 8LE  
email: slmdamembershipsecretary@gmail.com

I wish to enrol as a member of the Sri Lankan Medical & Dental Association in the UK.  
I undertake to abide by the rules and regulations of the Association.  
(Constitution available on [www.srilankan-mda.org.uk](http://www.srilankan-mda.org.uk))

Signature of Applicant.....

Surname ..... First name .....

Initials ..... GMC/GDC Number .....

### CONTACT DETAILS

Home/Permanent Address

Work/Business Address

Email:

Email:

Telephone:

Telephone:

Mobile:

Mobile:

**For Office use ONLY**

Gift Aid Y/N

**Database entered Y/N**

**Date:**

**Signature:**

### BANKERS STANDING ORDER

**Bank:**

**Address:**

Please Pay: Lloyds TSB bank PLC, University Of Birmingham Branch, 142, Edgbaston Park Road, Birmingham, B15 2 TY. To the account of Sri Lankan Medical & Dental Association in the UK Account Number 00686216 (Sort code 30-19-14) the sum of thirty pounds (£30.00) immediately and thereafter annually on the first day of January / July commencing 20\_\_ until further notice.  
This cancels any existing standing orders to SLMDA.

**Name of account:**

**Account number:**

**Sort code:**

**Signature:**

**Date:**