



APPLICATION FOR MEMBERSHIP OF Kelaniya University Alumni Association in Australia Inc.

Registration No. A0052038C Email: info@kuaa.com.au Web: www.kuaa.com.au

I, _____ of _____ desire to become a member of Kelaniya University Alumni Association in Australia Inc.

In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force.

Signature of Applicant
Date/...../20..

I, _____, a member of the Association, nominate the applicant, who is personally known to me, for membership of the Association.

Signature of Proposer
Date/...../20..

I, _____, a member of the Association, second the nomination of the applicant, who is personally known to me, for membership of the Association.

Signature of Secunder
Date/...../20..

Contact Details:

Postal Address

Telephone Home Work Mobile

Email Address:



Please send completed form to: The Secretary Kelaniya University Alumni Association in Australia Inc. 1/364 Stephenson's Road Mount Waverley VIC 3149 AUSTRALIA