

E-mail:-

## THE FAMILY PLANNING ASSOICATION OF SRI LANKA MEMBERSHIP UPDATING FORM

Dear Member,

We kindly request you to send us the following details using the enclosed stamped envelope, in order to update the Membership Register. Please send an e-mail to members@fpasrilanka.org if you like to get a soft copy of this form.

	get a soft copy of this form.
MEMBERSHIP NO	
	PLEASE WRITE IN BLOCK CAPITALS
Membership Category :-	Life Ordinary Youth
Title :-	Dr. Mrs. Miss. Others
Name with initials :- (Surname followed by initials)	
Name in Full :-	
Date of Birth :-	d d m m y y y y
Nationality :-	Passport NIC No
Passport / NIC Number :	
Residential Address :-	
Zip/Postal code :-	
Telephone :-	
Mobile :-	
Fax :-	
E-mail :-	
Profession/Occupation:-	
Organization / Company Name :-	
Address :-	
Zip/Postal code :-	
Telephone :-	
Mobile :-	
Fax :-	

Preferred Medium for Communication :-	Fax :- E-mail:- Post :- Phone :-
Would you like to receive a copy of our e-news letter/ other information through e-mail:-	Yes :- No :-
Please indicate your preferred e-mail ID for this purpose :-	
Accessible PDF on CD for the visually impaired (English only) :-	Yes :- No :-
Date :-	d d m m y y y y
Signature :-	
Any other Comments :-	
Checklist :-	I have signed the Membership Updating Form.
	I have provided all the information required.  I have attached a photocopy of my passport /
	National Identity Card (pages showing personal identification details and expiry date).