



ST. JOSEPH'S COLLEGE COLOMBO OLD BOYS' UNION

Ja-Ela/Wattala Branch

APPLICATION FOR LIFE MEMBERSHIP

(Membership Fee 1000/-)

NAME OF APPLICANT:

RESIDENCE

ADDRESS:

TELEPHONE: FAX:

MOBILE: EMAIL:

OFFICE

ADDRESS:

TELEPHONE: FAX:

MOBILE:.....EMAIL:.....

DATE OF BIRTH:CIVIL STATUS:

PERIOD AT COLLEGE : FROM :..... TO:

FROM GRADE :TO GRADE :

ACADEMIC ACHIEVEMENTS :

EXTRA CURRICULAR / SPORTS ACTIVITIES :

DATE: SIGNATURE:

INTRODUCED BY:

All Cheques in favour of SJC OBU JA-ELA WATTALA & CROSSED A/C PAYEE ONLY

FOR SECRETARY / TREASURES USE ONLY.

APPLICATION RECEIVED ON: APPROVED ON:

PAYMENT BY CASH / CHEQUE :

MEMBERSHIP NO: MEMBERSHIP CARD DATED: