



MEMBERSHIP APPLICATION FORM

ASSOCIATION OF SAARCFOODS in SRI LANKA

Name in full: _____

Profession _____

Mailing Address _____

NIC Number/ Passport Number _____

Phone: (Mobile) _____ **(Home)** _____

Email Address _____

Membership Category:

☐ Annual Membership ☐ Lifetime Membership

Annual Membership Fee: Rs: (Non-Refundable) Rs. 500/-

Life-Time Membership Fee: Rs: (Non-Refundable) Rs. 3000/-

Method of Payment : ☐ Cash ☐ Bank deposit

I agree to abide by the policies of the Association of SAARCFOODS in Sri Lanka (ASFSL) and I understand that my failure to abide by the rules and policies of Association of SAARCFOODS in Sri Lanka may result in suspension or revocation of member privileges. Annual memberships last one year (12 months) and are renewable. I accept that the decision to approve my application for the membership is purely at the discretion of the council of ASFSL.

Signature _____ **Date** _____

For Office Use Only:

Member Number: _____ **Date Paid:** _____ :

Membership Category : _____ **Signature:** _____