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|  Office use only |
| Membership No |  |
| Date |  |

**SOCIETY OF RADIOLOGICAL TECHNOLOGISTS**

**SRI – LANKA**

 **APPLICATION FOR MEMBERSHIP**

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Full name: (Mr / Ms / Mrs)

Name with

Initials

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Official

Address/work place

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Private/Home

Address

Diagnostic / Therapy : .......................................................

Medical Council Reg. No. (if available):

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Telephone

No (s)

 **E-mail :-**

Qualification:- (Diploma/Degree) & Institution & date)

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I will pay the annual fee by my self / Here by i give my consent to deduct rs. 500/= from my salary annually.

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Signature of the Applicant Date

Applicants must have the Higher Diploma from the School of Radiography Sri Lanka / BSc Radiography from University of Peradeniya or equal.

Please hand over your application to the Secretary / President / Treasurer of S.R.T.S.L. with Registration fee of Rs.500/= and first year annual fee of Rs. 500/= to the treasurer. (Payment can be made at any BOC branch to be credited to the “Society of Radiological Technologists Sri Lanka “ Account No. 1840508 at Bank of Ceylon, Regent Street , Colombo 10 branch & attach a copy of the slip). Can E- mail to vgwimalasena@gmail.com

For official use only

Membership Granted

………………………….. ……………………… ……………………………

 signature signature President/Secretary Date TREASURER