

ST JOHN AMBULANCE – SRI LANKA Application for St John Adult Membership

1.	Name :Mr/Ms/Mrs/ Dr
2.	Private Address:
3.	Telephone Nos: 1. WhatsApp
4.	Email: NIC No
5.	Date of Birth:
6.	Educational Qualifications :
	School Education: Up to OL
	Degree Qualifications:
	Post Graduate Qualifications:
	Other Qualifications :
7.	Occupation:
8.	Official Address:
9.	Your communication ability
1	. Sinhala Good / Average / Poor 2. English Good / Average / Poor 3. Tamil Good / Average / Poor
10	. Your preferences: (Type of Membership / Preferred Districts to work)
	1. Brigade Member 2. Honorary Member 3. Advisory Member
Pr	referred Districts:
	Signature Date

Please forward to: Commissioner, St. John Sri Lanka, 65/11, Chittampalam A Gardiner Mawatha, Colombo 02. email to: nhqcommissioner@gmail.com WhatsApp 076 1378494