

Application for St John Adult Membership

1. Name :Mr/Ms/Mrs/ Dr

2. Private Address:

3. Telephone Nos : 1. 2.WA

4. Email: NIC No

5. Date of Birth:

6. Educational Qualifications : School Education : Up to OL ☐ Up to AL ☐

Degree Qualifications:

Post Graduate Qualifications:

Other Qualifications:

SLMC No: (for Doctors, Nurses & other)

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 ☐ 4. Other ☐

Preferred Districts:

Declaration: I hereby certify that above information correct & true. I also declare that I have being not undergone any disciplinary actions related to Child abuse, illegal drug usage or misuse of funds in the past. I also agree to follow policies, rules & regulations of St John Ambulance, Sri Lanka.

.....
Signature e format accepted

.....
Date

Please forward to : Commander, St. John Sri Lanka, 65/11, Chittampalam A Gardiner Mawatha, Colombo 02.

email to: commanderstjohn@gmail.com Mobile: Commander 076 137 8490