

**ASSOCIATION OF SRILANKAN GRADUATES OF CANADA**

P.O.Box 44506, 2376 Eglinton Ave. E., Scarborough, Ont. M1K 2P0, Canada. Tel:(416) 471 4145

**APPLICATION FOR MEMBERSHIP**



(PLEASE PRINT OR TYPE)

*For ASGC use*

	Membership Number
LAST NAME	FIRST NAME
Mailing Address:	Phone: email:

**EDUCATIONAL RECORDS**

Name of university:	Year Degree(s) Awarded:
Name of Degree(s):	Year Certificate Awarded:
Other Qualifications:	

**EMPLOYMENT RECORDS**

Present Occupation: (Optional)	
Business Address:	
Bus. Tel: ( )	

**CERTIFICATION**

**DECLARATION**

I,..... hereby certify that the information given above is true and	
(Name of Applicant)	
complete in every respect.	
Date:	..... (Applicant's signature)
Introduced by.....Member of the ASGC.	

**Please include either \$ 10.00 (Ten dollars) for this year's subscription or \$ 75.00 for Life Membership.**

**INSTRUCTIONS**

Applicant must be a Canadian resident and Sri Lankan origin Applicant must be a degree/ 3 year diploma holder
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