

ICOMOS SRI LANKA
**Membership Application
Form
Local Member**
OFFICIAL USE ONLYApproved: Date:Rejected: Date:

Signature

Name:

Chair of the Board of Management

NOTES: 1. All the information should be typed or written in **BLOCK CAPITAL**.
2. Qualifications should be supported by certified **Photocopies**.

Surname:

Other Names:

NIC No.

Postal Address:

Residence:

Office:

Contact Numbers

Residence:

Office:

Mobile:

Email:

Academic Qualifications:

Professional Qualifications:

Present Occupation:

Interested fields related to
Heritage Activities:Experience in Heritage
Activities:Publications, papers etc.,
related to Heritage Activities:

Signature

Date:

Rubber Stamp if any