



St. Aloysius' College, Galle, Old Boys' Association

COLOMBO BRANCH

No. 20, Hyde Park Corner, Colombo 2, Sri Lanka
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E-mail: sacobacmb@gmail.com Web: www.sacobacolombo.com

APPLICATION FOR MEMBERSHIP

1. Full Name Dr. Mr.

2. Residential Address

3. Official Address

4. Contact Nos (a) Residential Tel. No. (b) Official Tel. No.
(c) Mobile No. (d) E-mail Address

5. Date of Birth (6) NIC No

6. Occupation

7. Period at SAC (Galle):
(a) As a Student to Index No. (if remembered)
(b) As a teacher to

10. Category of Membership sought (Choice to be marked by a '✓' in appropriate bracket)
- (a) Ordinary -for past students with a minimum period of two years at the school and not expelled from the school or convicted for any criminal offence by any Court - subscription being Rs. 200/= p.a.
- (b) Affiliated - for past teachers with a minimum period of two years' service at the school- subscription being Rs. 200/- p.a.
- (c) Life -for those eligible under (a) or (b) - subscription being Rs. 3000/- once and for all

In making my application for membership (under the category selected by me in item 10) to your Hony. Secretary, at the address given above, I confirm that the information given by me is true to the best of my knowledge. I am also aware that your constitution can be read from website: www.sacobacmb.com and

(a) I enclose my cheque for Rs. being the appropriate subscription drawn in favour of "St. Aloysius' College, Galle, OBA., Colombo Branch" and understand that it will be banked only if my application is approved by your Committee of Management and that I will be enrolled as a member only when the cheque is realized.

Or

(b) I will pay the appropriate subscription to your Hony. Secretary in CASH to be enrolled as a member once I am informed that my application has been approved by your Committee of Management.

Signature

Date