



Passport Size
Colour
Photograph
(Please affix hers)

MEMBERSHIP NO

MEMBERSHIP APPLICATION FORM

PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS

Name in Full

Gender Male Female

Civil Status Single Married

Date of Birth

Contact Address

District

Electorate

Branch

Profession

Contact Number – Mobile

Contact No – Land Line

E Mail

NIC Number

I hereby consent to become a member of ACMC. All details given above are true and correct and will abide by the rules and regulations of ACMC condition.

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Date

Signature of Applicant

For Office Use Only

Received with thanks Rs. 20/= Membership fee

Membership Recommended

Membership Accepted / Rejected

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Branch Secretary

Date

National Organizer

Date