



APPLICATION FOR THE MEMBERSHIP

Date of issue <input type="text"/>	Name of issue <input type="text"/>	Office use only
Received Date <input type="text"/>	Membership number <input type="text"/>	

1 .Title; Mr. / Mrs. / Mass / Miss

2. Family Name

3. Given Names

4. ඔබ භාවිතා කරන නම සිංහලෙන් ලියන්න

5. Address

6. Telephone Numbers

Home

Mobile-1

Mobile-2

<input type="text"/>	<input type="text"/>	<input type="text"/>
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7. Email Address

8. Spouse's Name Mr / Mrs

9. Children's name

Age

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

10. Skills and abilities that you can offer to the success of Brunswick Sinhala Language School

I hereby agree to abide by the rules of the above community group upon the grant of membership. I give permission for the publication of photos and videos to taken at any group sponsored public performance /function in the BSLS web site and the media.

Signature of Applicant

Date