



Association of KOICA Fellows in Sri Lanka (AKOFE)

C/O KOICA Office, 53/3 Dharmapala Mawatha, Colombo 07

APPLICATION FORM for LIFE MEMBERSHIP

- 1. Name in Full :
(Underline Surname)
- 2. Designation & Place of Work :
- 3. Address
(a) Residence,(R) :
(b) Office (O) :
- 4. Contact Numbers
i. Tel : (O)..... (R)
ii. Fax :
iii. Mobile :
- 5. Field of Training :
- 6. Title of Course Followed :
Period :

I agree to abide by the constitution and uphold the aims and objectives of the Association.
I enclose herewith the life membership fee of Rs. 1000/= by Cheque No./Cash

Date :

.....
Signature of Applicant

FOR OFFICE USE ONLY

1. President/AKOFE

Enrolment recommended/not recommended

.....
Date **KOICA R. R. (Sri Lanka Office)**

2. Enrolment approved at the Executive Committee meeting held on

.....
Date **President/AKOFE**

3. Treasurer-AKOFE

Enrolment recorded and Membership No..... assigned

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Date **Hon. Secretary – AKOFE**

4. Hon. Secretary-AKOFE

Membership fee Receipt No.....dated.....issued

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Date **Treasurer-AKOFE**

5. Treasurer-AKOFE

Membership Card.....issued and posted/collected by members/messenger on
Acknowledgement receive on.....

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Hon. Secretary - AKOFE