



SRI LANKA INSTITUTE OF AGRICULTURE (SLIAG)

*Formerly Sri Lanka Organization of Agriculture Professionals (SLOAP) Established in 2005
A Member of the Organization of Professional Associations (OPASL) since 2006*

Application for Affiliate/Associate/ Professional Membership of SLIAG

01.	Full Name				
	Name with Initials				
	Title	Prof/ Dr/ Mr/ Ms			
	Are you a Sri Lankan Citizen?	Yes / No			
	NIC No.				
02.	Contact details				
	Mobile phone No				
	Land phone Nos	Home:		Office:	
	Email address				
	Permanent address				
	Mailing address				
03.	Academic qualifications*	Name of the Diploma/ Degree	Duration (from -to)	Effective Date	Institution
	Two year Diploma in Agriculture/NVQ 6 *				
	First degree/s *				
	Postgraduate/s *				

04.	Positions held after the Diploma in Agriculture <i>(attach extra sheets if required)</i>	
	Position 1	Duration from to
	Designation	
	Discipline of the duties	
	Institution	
	Office address	
	Position 2	Duration from to
	Designation	
	Discipline of the duties	
	Institution	
	Office address	
	Position 3	Duration from to
	Designation	
	Discipline of the duties	
	Institution	
	Office address	
	Position 4	Duration from to
	Designation	
	Discipline of the duties	
	Institution	
Office address		
Position 5	Duration from to	
Designation		
Discipline of the duties		
Institution		
Office address		
05.	Positions held after graduation <i>(attach extra sheets if required)</i>	
	Position 1	Duration from to
	Designation	
	Discipline of the duties	
	Institution	

	Office address	
	Position 2	Duration from to
	Designation	
	Discipline of the duties	
	Institution	
	Office address	
	Position 3	Duration from to
	Designation	
	Discipline of the duties	
	Institution	
	Office address	
	Position 4	Duration from to
	Designation	
	Discipline of the duties	
	Institution	
	Office address	
	Position 5	Duration from to
	Designation	
	Discipline of the duties	
	Institution	
	Office address	
06	Positions held after Postgraduate qualifications <i>(attach extra sheets if required)</i>	
	Position 1	Duration from to
	Designation	
	Specialty/ Discipline of the duties	
	Institution	
	Office address	
	Position 2	Duration from to
	Designation	
	Specialty/ Discipline of the duties	
	Institution	

	Office address	
	Position 3	Duration from to
	Designation	
	Specialty/ Discipline of the duties	
	Institution	
	Office address	
	Position 4	Duration from to
	Designation	
	Specialty/ Discipline of the duties	
	Institution	
	Office address	
	Position 5	Duration from to
	Designation	
	Specialty/ Discipline of the duties	
	Institution	
	Office address	
07	Two non-related Referees (<i>preferably Professional Members/ Fellows of SLIAG</i>)	
	Name: Designation: Institution: Address: phone no: E-mail:	
	Name: Designation: Institution: Address: phone no: E-mail:	
08	Any other relevant information to be considered *	

**Attach the necessary documents*

I declare the information submitted for the Affiliate/Associate/Professional membership of SLIAG are true and correct. I agree to abide the constitution of SLIAG and Code of Ethics that may be in force and pay all the dues applicable from time to time. I also agree that my Membership may be terminated immediately if the Governing Council of SLIAG concludes that I have submitted false information herewith. Further, I declare and assure that I have not committed any offence or unethical activity to harm my professional carrier. I do understand the decision made by the Governing Council of SLIAG on my membership application is final and conclusive.

.....
Signature of the Applicant

.....
Date

For office use only:

Membership Application Assessment and the Decision of the Membership Awarding Committee of the SLIAG

Date of the application received: Application reference no:

General Secretary(signature and date):

Decision of the Membership Awarding Committee:

After reviewing the application, documents and relevant information, we recommend that the Applicant is recommended for the membership category of Affiliate Member / Associate Member / Professional Member as per the following Article number of the SLIAG constitution.

Membership category	Reference to the constitution	Eligible Article
Affiliate Member	Article 7.5.b / 7.5.c / 7.5.d / 7.5.e	
Associate Member	Article 7.6.a / 7.6.b / 7.6.c / 7.6.d	
Professional Member	Article 7.7.b / 7.7.c	

No	Title	Name	Agree/ disagree	Signature	Date
1.	Chairman				
2.	Member				
3.	Member				
4	Member				
5	Member				

Special remarks if not recommended by the committee or any member:
.....

Decision of the GC:

Reference of the GC meeting: Approved/ Not approved

Special remarks if not approved:
.....

Reference of informing the decision to the Applicant:

Secretary (signature and date):

Payment of Membership Fees:

Type of fees: Annual/ Life

Validity of year/ period, if annual:

Amount: Receipt No: Date:

Treasurer (signature and date)

Issuing the certificate and ID card:

Identification number of the Member: /...../.....

Certificate number and issuing date:

ID card number and issuing date:

Secretary (signature and date):

President (signature and date):