**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***(attach extra sheets if required)*   |
| **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** *(attach extra sheets if required)*  |
| **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***(attach extra sheets if required)*  |
| **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** *(preferably Professional Members/ Fellows of SLIAg)* |
| 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): ……………………………….…