



# Sri Lankan Association of New York

## MEMBERSHIP APPLICATION / RENEWAL FORM

LAST NAME :

FIRST NAME :

ADDRESS :

STREET (LINE 1) :

STREET (LINE 2) :

CITY :

STATE :  NY  NJ  CT

ZIP CODE :

TELEPHONE (PRIMARY) :

TELEPHONE (SECONDARY) :

FAX :

EMAIL :

PREFERRED METHOD OF CONTACT :  EMAIL  REGULAR MAIL

NAME OF SPOUSE :

NAME(S) OF CHILD / CHILDREN :  
(Optional) AGE(S)

DATE :

CHECK NUMBER :

AMOUNT :  \$ 15.00  \$ 25.00  \$ 150.00

INTRODUCED BY :

Please send the payment with the appropriate fee together with the application form to the mailing address below

Dr. Ranpali Fernando  
80-23, 232 Street,  
Queens Village, NY 11427