

Membership Application

Institute of Town Planners Sri Lanka

Declaration by the Proposer

Membership category applied for: Fellow Cooperate Associate Student

Applicant's details

Full Name:

National Identity Card Number:

Please tick the relevant

To the best of my knowledge, the applicant is suitably qualified to be elected to the category of membership that he/she is applying for, according to the currently enforced Membership Criteria of the Institute of Town Planners Sri Lanka.

To the best of my knowledge, the applicant is free from any servitude for not being able to be a member of the Institute of Town Planners Sri Lanka.

I have examined the validity of the evidence produced by the applicant along with this Membership Application.

Signature:

Date:

Name of the Proposer:

Membership Number

Email Address

Telephone Number