



START AND IMPROVE YOUR BUSINESS ASSOCIATION OF SRI LANKA

No: 21/22A, Polhengoda Garden, Polhengoda Road, Colombo 05

INDIVIDUAL MEMBERSHIP APPLICATION FORM

Particulars of the applicant:	
Name in full	Mr./Mrs./Miss.
Name with initials	
Date of Birth	
Ethnicity	
NIC Number	
Personal and official address	
Contact details with Email	
Date & Venue of SIYB TOT attended	
Academic/professional qualification/s	
Name of the organization employed	
Work experience in business training and consultancy	
<p>I wish to become an individual member of the SIYB Association of Sri Lanka and I do hereby consent with the constitution of the Association. I am enclosing herewith a cheque for Rs: 1,000.00 being the membership fee (cheque to be drawn in favor of the SIYB Association of Sri Lanka).</p>	
Signature of the applicant	Date
Council approval	Date