



Passport Size  
Colour  
Photograph  
(Please affix hers)

MEMBERSHIP NO

**MEMBERSHIP APPLICATION FORM**

PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS

Name in Full

Gender  Male  Female

Civil Status  Single  Married

Date of Birth

Contact Address

District

Electorate

Branch

Profession

Contact Number – Mobile

Contact No – Land Line

E Mail

NIC Number

I hereby consent to become a member of ACMC. All details given above are true and correct and will abide by the rules and regulations of ACMC condition.

.....  
**Date**

.....  
**Signature of Applicant**

**For Office Use Only**

**Received with thanks Rs. 20/= Membership fee**

**Membership Recommended**

**Membership Accepted / Rejected**

.....  
Branch Secretary

.....  
Date

.....  
National Organizer

.....  
Date