

# Sri Lanka Association for Mycology and Plant Pathology (SLAMPP)

## Application for Membership

Membership category (please select one):

Regular  Associate  Life  Student member

Name

Title

Institution

Address

Telephone

Fax

E-mail

Male  Female

### Educational qualifications

.....

### Expertise/Specialization/Experience/Interests

.....

### Key publications (if any) related to Mycology/Plant Pathology (attach a separate list)

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### Present Position & affiliation (underline)

*University Professor/Lecturer, Researcher, Scientist, Teacher, Student*

.....

.....

Signature of the applicant

Date

*(Please send the completed application form to: Secretary/Treasurer, SLAMPP: Postal address: Department of Botany, University of Peradeniya, Peradeniya. P.O. Box 201400 or e-mail to: slampplk@gmail.com)*

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**Note: Each application will be individually considered by the Executive Committee and the decision of the Executive Committee will be informed to the successful applicants who will become a member upon payment of the appropriate membership fee. Individual members are entitled to receive SLAMMP Newsletter and attend or participate fully in the meetings, symposia, conferences and any other activity organized for membership by the SLAMPP (See overleaf for Membership fee).**