

COLOMBO MUNICIPAL COUNCIL SWIMMING CLUB
APPLICATION FOR STUDENT MEMBERSHIP

1. Category of Membership :.....

2. Name in full (Mr./Mrs./Miss./Mas.) :.....

.....

(in block letters)

3. Nationality :.....

4. Date of Birth :.....

5. Identity Card No :.....

6. Occupation :.....

7. Home Address :.....

8. Office Address :.....

9. Telephone No :.....

Member of the following Club :

We the undersigned recommend the application for selection as a Member of the Colombo Municipal Council Swimming Club and to the best of our knowledge, the above particulars are correct. He/She is personally know to us and in our opinion is a fit person to be selected as a member of the Colombo Municipal Council Swimming Club.

Proposer's Name :.....

Address :.....

Signature :.....

Seconder's Name :.....

Address :.....

Signature :.....

I enclose herewith Cash/Cheque for Rs. being entrance fee and full Year's Membership Subscription for Swimming.

.....
Signature of Applicant

Date :