



**AGRICULTURE GRADUATES' ASSOCIATION OF THE SRI LANKA  
AGRICULTURAL SERVICE**

**APPLICATION FORM**

*I hereby apply that I may be enrolled a member of and undertake in my application if approved, to accept the conditions and obligations of membership set out in the provisions of the Constitutions and by-laws and rules made there under and to be loyal and an active member of the Association.*

*Name in Full:* .....

*Address: Official* .....

*Private:* .....

*Date of Birth:* .....

*Academic Qualifications:* .....

*Official Designation:* .....

*Date of Appointment to the SLAgS:* .....

*Date of application for enrolment:* .....

*Contact Details: Mobile-* .....

*e-mail-* .....

*Employee Number:* .....

.....

*Signature*

*Proposed by*                      *Signature:* .....

*Name:* .....

*You are hereby enrolled a Member of the Agriculture Graduates' Association of the Sri Lanka Agricultural Service with effect from* .....

*Membership number:* .....

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*Hony. President*

*Hony. Secretary*

*I do hereby give my consent to levy Rs. 100.00 for monthly subscription of the Agriculture Graduates' Association of the Sri Lanka Agricultural Service from my salary*

*Name:* ..... *Signature:* ..... *Date:* .....