



**SRILANKAN POST & TELECOMMUNICATION OFFICERS  
ASSOCIATION OF CANADA**

Registered Non Profit Corporation #: 1174106

[www.slptoac.com](http://www.slptoac.com)

**MEMBERSHIP APPLICATION FORM**

First Name:.....		Surname:.....	
Middle Name:.....		Place of Birth: .....	Date of Birth: M...../D...../Y.....
Citizenship: .....	Gender: Male : [ ] Female: [ ]	Martial Status: Single: [ ]      Widowed: [ ] Married: [ ]      Divorced: [ ]	
Mailing Address:..... .....			
Tele #: (Home) .....	Tele #: (Office) .....	Fax #: .....	Email Address: .....
Service Details in P & T Dept:..... Date of Joining Dept:..... Date of Retiring or Leaving Dept:..... Position Held Last:.....			
I hereby nominate the following people as the First & Second Beneficiaries: Name of first Beneficiary:..... Address:..... Relationship to the member:..... Name of Second Beneficiary:..... Address:..... Relationship to the member:.....		Family Details: Number of children: [ ] Number of Grand Children: [ ] Hobbies: ..... ..... .....	
Member introduced by:...../.....			
Applicant Signature:.....		Date: M...../D...../Y.....	
<b>OFFICIAL USE</b>			
Reglr Mbr Amt & Date Recvd	Life Mbr Amt & Date Recvd	Receipt # & Date Posted	Membership Number
Amount: \$40.00 [ ] Date: M...../D...../Y.....	Amount: \$250.00 [ ] Date: M...../D...../Y.....	Receipt #:..... Date: M...../D...../Y.....	Regular:..... Life :.....
Signature of Treasurer:..... Date: M...../D...../Y.....			

2541 Pharmacy Avenue, Scarborough, Ontario, M1W 2K2



Member Address Changes - Information

New Address	Tele Number	Date address change received
1) ..... ..... .....	.....	M...../D...../Y.....
2) ..... ..... .....	.....	M...../D...../Y.....
3) ..... ..... .....	.....	M...../D...../Y.....
4) ..... ..... .....	.....	M...../D...../Y.....
5) ..... ..... .....	.....	M...../D...../Y.....

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Note:

Regular membership annual subscription	\$040.00
Life membership subscription (One time payment)	\$250.00