
Health Informatics Society of Sri Lanka

Application for Associate Membership

You are eligible to apply for Associate membership of HISSL if you are an IT Professional.

Title	
Surname	
Other Names	
Date of Birth	
Sex	
Educational/Professional Qualifications	
Present Post	
Place of Work	

Please indicate where HISSL should send correspondence to:

Address:	
Phone No:	
Fax No:	
Email No:	

Briefly indicate your involvement with Health Informatics (if any)

I hereby apply for admission as an Associate member of the Health Informatics Society of Sri Lanka and undertake to abide by the Constitution of the Society.

I wish/do not wish to be considered for upgrading of membership to Life/Ordinary member status.

Name

Signature

Date

FOR OFFICIAL USE	
Date Received	
Date Approved	
Fee: Cash	
Cheque No/Bank	
Member Category	
No	
Signature	