
Health Informatics Society of Sri Lanka

Application Institutional Membership

Your institution is eligible to apply for Institutional membership of HISSL if you belong to one of the following categories:

1. An establishment dealing with IT who wish to develop and promote health care delivery.
2. A Health related organisation. (eg: a Medical Library)

Name of Institution	
Particulars of Contact Person	
Title	
Surname	
Other Names	
DOB	
Sex	
Designation	
Please indicate where HISSL should send correspondence to:	
Address:	
Phone No:	
Fax No:	
Email No:	
Briefly indicate your institutions involvement with Health Informatics (if any):	

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

Name

Signature

Date

Institution Seal

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