

**SRI LANKA NAVAL ASSOCIATION ENROLMENT**

Hony. Secretary,  
Sri Lanka Naval Association, PO. Box 593, Chatiya Road, Colombo 01.

Membership No .....  
(for office use only)

- 01. Name in full** .....
- 02. Permanent Address** .....
- 03. Contact Telephone No.** .....**04. Whatsapp No.**.....**05. E-Mail** .....
- 06. Service Record (in brief)**
- a. Date of joining ..... f. Whether transferred to Regular Naval Reserve **Yes/No**
- b. Official Number ..... g. Whether Pensionable **Yes/No**
- c. Rank/Rate ..... h. Date of Birth ..... NIC Number .....
- d. Date of Discharge ..... i. District .....
- e. Reason for Discharge .....
- (Indicate Regulation)

- 07. Details of Dependents**
- a. Name address and NIC no of the spouse or Next of kin.....  
.....(if changed Hony. Secretary SLNA should be informed without delay)

**b. Particulars of Children**

SR No	NAME	SEX	AGE	NIC Number Date of Birth
01				
02				
03				

- 08. Present employment** .....
- 09. Address of the present employer** .....
- 10. Details of Membership of other Naval Association** .....

Please enroll me as a member of the Sri Lanka Naval Association. A sum of Rs 3,250/= as Membership fee of SLNA and Rs 1000/= for membership fee and identity card of SLESA (TOTAL Rs 4,250/=) is enclosed herewith in Cash/Cheque/Money Order No .....I certify that the particulars given above are true and correct.

Date .....

Signature of the applicant .....

**FOR OFFICE USE ONLY**

- Date of Receipt of application .....
- Receipt No for Admission Fee .....
- Fee for Enrollment to SLESA .....
- Fee for ID for SLESA .....
- Fee for Enrollment to SLNA .....
- Recommendations of Executive Committee .....
- Hony. Secretary , SLNA ..... Hony. Treasurer , SLNA .....
- Date ..... Date .....
- President , SLNA ..... Date .....

<b>Total Amount To Be Paid</b>	
<b>So Far Deducted Amount From The Salary</b>	
<b>Balance to be paid</b>	
<b>War Casualty</b>	
<b>Additional Fee To Be Paid</b>	