



**MEMBERS' BENEVOLENT SOCIETY**

**THE CHARTERED ACCOUNTANTS OF SRI LANKA  
MEMBERS' BENEVOLENT SOCIETY**

THE INSTITUTE OF CHARTERED ACCOUNTANTS OF SRI LANKA

**APPLICATION FOR MEMBERSHIP**

Title

Full Name

CA Sri Lanka Membership No.

Address

Date of Birth

**Legal Nominee in the Event of Death of the Applicant**

Nominee's Name

Nominee's Address

**Contribution** (Please specify the amount) Rupees  Annually

Payment	Payment Type	Bank Name	Cheque No	Amount
	Cash/ Cheque			

**Contact Details**

Mobile  E mail

Office  Residence

Referred by (if applicable)

*I, being a Member of the Chartered Accountants of Sri Lanka, hereby apply to become a Member of the Chartered Accountants of Sri Lanka – Members' Benevolent Society, and agree to be bound by its Constitution and by all directives of the Committee of Management issued from time to time, in accordance with the Constitution.*

*I agree to pay the above contribution annually. <sup>1</sup> I am sending herewith cash/ cheque being my enrolment fee of Rs. 100/= and the contribution. I also undertake to maintain a satisfactory account to be eligible for insurance benefits. <sup>2</sup>*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

1) Minimum monthly contribution is Rs. 250/=. This could be increased up to Rs. 3000/= per month in multiples of Rs. 100/=. You may select an amount convenient to you. Your contribution could preferably be paid annually. Insurance benefits will accrue, only if the annual contribution is paid every year in advance, without any arrears.

2) Please write cheques in favour of "THE CHARTERED ACCOUNTANTS OF SRI LANKA - MEMBERS' BENEVOLENT SOCIETY" and crossed 'A/C PAYEE ONLY'.

**For Office Purpose**

Admitted to the Membership at the Committee Meeting held on

Receipt No.  Membership No

Administrative Officer  Secretary