

**Application for Individual Membership of the
Lanka Council on Water Falls(LCWF)**



A.) PERSONAL DETAILS-

Name: _____ First Name : _____ (Rev./Ms./Mr.)

National ID Card / PP No: _____ Date of Birth: _____

Country : _____

Address (Home): _____

Home Telephone: _____ Mobile Phone: _____

Home Fax: _____ E-mail: _____

B.) PROFESSIONAL DETAILS-

Profession: _____ Employer: _____

Address: (Official) _____

Work Telephone/s: _____ Work Fax: _____

E-mail: _____ Web site: _____

<input type="checkbox"/>
<input type="checkbox"/>

- Life Membership: National Rs. 2500/= , International US\$ 100/=

- Yes, I would like to support the work of LCWF with a donation of
[] US\$ 500/= [] US\$ 250/= [] US\$ 100/= [] Other US\$ _____

*I hereby apply for membership in the Lanka Council on Water Falls(LCWF).
I understand the board elected by the Administrative Council retains sole authority in determining
eligibility for membership.*

Signature: _____

Date: _____, 2004

**Mail to: Coordinator - Lanka Council On Waterfalls (LCWF), PO BOX 26, 434/3 Sri
Jayawardenapura-Sri Lanka**

**Telephone: 0+94 11 2813568 Fax: 94 11 2883187 E-mail: lcwf2@sltnet.lk
Web: <http://www.srilankanwaterfalls.org>**

For Office use only

Approved By:

President

Joint Secretary

Treasurer

Date: _____, 200

DETAILS OF THE LCWF BANK ACCOUNT

Name of Bank : Sampath Bank, Borella Branch

Swift code : BSAMLKLH

LCWF Bank Account Number : 000460001358

Address of Bank : 110, Sir James Peiris Mw, Colombo 2.

Country : Sri Lanka.

Name of Payee: Lanka Council on Water Falls(LCWF)

Address of Payee : P.O.Box 26 434/3-Sri Jayawardenapura Sri Lanka.

Phones: (94-11) 287 31 31/ 253 78 51

Fax : (94-11) 288 31 87/ 253 78 50

E-mail : <lcwf2@sltnet.lk>