

**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: _____

	Life Membership : International US\$ 100/=
	Life Membership : Sri Lanka citizens Rs. 2500/=
	Yes, I would like to support the work of LCWF with a donation of [] Rs/US\$ 1000/= [] Rs/US\$ 2500/= [] Rs/US\$ 5000/= [] Other Rs/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: _____

Mail to: Coordinator - Lanka Council On Waterfalls (LCWF), PO BOX 26,

434/3 Sri Jayawardenapura-Sri Lanka

Telephone: +94 (0)11 5648151/+94 (0)71 2733986

E-mail: waterfalls@sltnet.lk, afejchairman@yahoo.com

Web : <http://www.srilankanwaterfalls.net>

For Office use only

Approved By:

President

Joint Secretary

Treasurer

Date: _____

P TO ...

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 (0)11 5648151/+94 (0)71 2733986*

E-mail : *waterfalls@sltnet.lk, afejchairman@yahoo.com*