Membership Form

(Cyril Chandrasiri Perera Memorial Trust)

1.	Name of Bhikku/ Sil Matha										
2.	Name of temple										
3.	Permanent address										
4.	Contact Details	Mobile									
		Land									
		Whatsapp									
		E mail									
5.	Date of birth	Year				Month			Date		
6.	Higher ordination	Year					nth		Date		
7.	National ID number	•									
8.	Bhikku/Seela Matha	ID number									
9.	Have you paid membership fee for relevant				, Y	'es		N	Vo		
Imp	ortant: It is essential to s	ubmit bank pay	ment	slip.	I		I		L		
Ordination certificate or if a Samanera himi, Samanera certificate or if a Seela Matha copy of											
	registration certific				14 4 0	005501	_				
	Membership fee s										
Account name: Cyril Chandrasiri Perera Memorial Account Peoples bank, Negombo branch											
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Signature of applicant						Da	Date				