



Sri Lankan Solicitors Network

Working with you

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**APPLICATION FOR MEMBERSHIP**

**PLEASE USE BLOCK/CAPITAL LETTERS**

1. Family Name or Surname: Mr/Mrs/Ms/Dr .....
2. Other/Given Names:..... :
3. Name of law firm/Employer.....
4. Practice/Employer's Address:.....  
.....
5. Home/Postal Address:.....  
(If different from above)  
.....
6. Telephone: ..... Mobile .....
7. Fax: ..... Dx:.....
8. E-mail Address.....
9. Date of Admission ..... Roll No: .....  
As a Solicitor.
- 10 (a). I consent to my name being included in the SLSN Website as a Member [ ]  
(b). I consent (and have authority) to request SLSN to display my law firm as a  
Stakeholder Firm in the SLSN website [ ]

Signature: ..... Date:.....

- The Annual Subscription of £25.00 for full Members. Alternatively, Life Membership is £250.
- Please make your cheque payable to “Sri Lankan Solicitors Network in the UK” and forward this form with your payment to the General Secretariat, SLSN, 516 Brixton Road, London SW9 8EN or by to DX 58752 Brixton.

**FOR OFFICE USE ONLY**

Payment by: Cheque/Cash/SO/..... Membership No. ....

Approved by SLSN:..... Treasurer informed: Yes, on .....