Airline Pilots' Guild of Sri Lanka

Application for Membership

Affix stamp size photograph

To be filled in BLOCK CAPITALS

1. Full Name : F/O _____
2. Permanent Address : _____
3. Contacts numbers:

Residence	Residence	Mobile	Email

4. Date of Birth : _____
5. Date of joining SLA : _____ Date of Contract : _____ Expiry : _____
6. License Number : ATPL _____
7. NIC. Number : _____
8. Passport Number : _____ Place of Issue : _____
9. Dependants

Name	Relationship	Date of Birth
a.	------ SELECT ------	
b.	------ SELECT ------	
c.	------ SELECT ------	
d.	------ SELECT ------	

I hereby certify that all information provided above are accurate to the best of my knowledge

_____
Signature/Date

For office use only

Membership Type ☐ **Ordinary** ☐ **Associate** ☐ **Affiliate**

Committee Approval for the New Membership

Date: ____ ____ ____ Name/Signature 1.

2.

The Manager Payroll
SriLankan Airlines Ltd
BIA, Katunayake

Dear Sir /Madam,

I F/O _____ Staff No _____ is a member of the ALPGSL as at _____ and I hereby authorise you to deduct my monthly subscription and credit to the account of the ALPGSL.

Thanking you
Yours faithfully,

_____ Name

_____ Signature

_____ Date