



University of Kelaniya
Alumni Association NSW & ACT

ABN: xx xxx xxx xxx

39 Reiby Dr, Baulkham Hills NSW 2153
contact@ukaana.org.au www.ukaana.org.au

Application for Membership

Please complete this form and return to the Secretary of the Alumni Association in person or via email. You may alternatively use the online form published in our website.

Personal Details

Title		Date	
First Name		Surname	
Surname during university years (if different)			
Other names / Nick Name			
Address			
State		Postcode	
Telephone		Mobile	
Email			
Industry		Job Title	

University Details

Campus/Faculty	
Course	
Year(s)	

Membership Details

Full Member (lifetime)	Onetime payment \$50
Associate Member	\$10 per annum. Can be converted to full membership after 3 years paying the balance \$20
Honorary Member	No fee

I have read and understood the terms and conditions of University of Kelaniya Alumni Association membership and I agree to abide by these. If I breach any of the terms and conditions of membership, I understand that I may have my membership terminated.

Signature		Date	
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Nomination Requirements

As a current member of the University of Kelaniya Alumni Association, I would like to nominate above applicant for membership as he/she is personally known to me as a past graduate/lecturer at University of Kelaniya.

Signature of the Proposer		Date	
Name		Membership No.	