

SRI LANKA ASSOCIATION OF WASHINGTON D.C.

**ANNUAL MEMBERSHIP
January 1st to December 31st
Year 2017**

Regular membership (Individual)	\$25.00
Regular membership (Family w/ children under 18)	\$40.00
Associate membership (Temporary residents in the US for one year)	\$10.00
Sustaining Members – Life members paying dues – voluntary	\$25.00
Life Membership: Individual	\$200.00
Family	\$300.00

Please mail membership checks payable to:

**Sri Lanka Association of Washington, D.C.
P. O. Box 30295
Bethesda, MD 20824-0295**

Address changes should be notified to the above SLAWDC address. The Board will not be responsible for lost mail unless address changes are notified by the member.

Tax deductible donations are accepted only by **Sri Lanka Association of Greater Washington, Inc, (SLAGW)** an approved 501(c) (3) entity chartered by SLAWDC and governed by the same Board of Directors. All donors donating \$50 or more in a given fiscal year, February 1 – January 31, will be listed in a Honor Roll in the Annual Report.

Distinguished Donor Categories for SLAGW *:

Benefactor	\$ 250 +
Founding Donor	\$ 500 +
Sustaining Donor	\$ 1,000 +
Leadership Donor	\$ 5,000 +
Endowing Donor	\$ 10,000 +

* Honorary SLAWDC membership will be granted by Board resolution to honor non-resident Donors of Distinction for Benefactor or higher level of giving to charities supported by SLAGW, for durations specified at the discretion of the Board.

Please forward SLAGW donations to:

**Sri Lanka Association of Greater Washington, Inc.
P.O. Box 30295
Bethesda, MD 20824-0295**

FOR BOARD USE ONLY -
*Please note for future
Membership card issue*

Year:

Category:

Unit #:

Member # :

No. of Cards #:

Date Paid:

Check #:

APPLICATION FOR SLAWDC MEMBERSHIP - 2016

I/We wish to enroll as a member(s) of the Sri Lanka Association of Washington, D.C., subject to the approval of the Board of Directors and agree to abide by the constitution and by-laws of the Association.

Membership Information: New Membership Renewal Other

Mailing Preference: Postal Service E-Mail Fax

Full Name of Member: _____

Full Name of Spouse: _____

Address: _____

City: _____ **State:** _____ **Zip Code** _____

Phone: _____

Fax: _____

E-mail Address: _____

Names of children under 18 years:

1. _____ M F *Date of Birth: (DD/MM/YYYY)* _____

2. _____ M F *Date of Birth: (DD/MM/YYYY)* _____

3. _____ M F *Date of Birth: (DD/MM/YYYY)* _____

4. _____ M F *Date of Birth: (DD/MM/YYYY)* _____

SIGNATURE OF MEMBER: _____ **DATE:** _____