

# **SRI LANKA ASSOCIATION OF WASHINGTON D.C.**

**ANNUAL MEMBERSHIP  
January 1<sup>st</sup> to December 31<sup>st</sup>  
Year 2018**

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 - 2018

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:** \_\_\_\_\_