

No. 29/24, Visakha Lane, Colombo 04, Sri Lanka. 2590995, 3150828 (Direct) | 2506391 (Ext 133) info@cpmsrilanka.org

www.cpmsrilanka.org

Membership No.	
(For Office Use Only)	

APPLICATION FOR MEMBERSHIP

CA	TEG	ORY OF MEMBERSHIP Y	OU A	PPLIE	D												Γ				
M	PM CPM PM																		Cold	rt siz	
1	PEI	RSONAL DETAILS																			
	1.1	Title	: Mr.			Ms.			M	rs. [Dr.								
		Name with Initials	:																		
		Full Name (to be fill with block letters)	:		I					<u> </u> 											
											<u> </u>			<u> </u>							
1.2 Address : Indicate the address which you wish your CPM correspondence to be sent																					
			Resi	dence						fice	L										
					Res	idenc	e Ado	lress							Offi	ce A	ddre	ess			
	1.3	Contact Details									1										_
		Tal Na			\top	Res	idend	:e								Ot	fice				
		Tel. No. Mobile No.	:										+								
		Fax No.																			
		E-mail	:																		
	1.4	Date of Birth	:																		
	1.5	NIC No.	:																		

2	ACADEMIC AND	PROFFSSIONAL	QUALIFICATIONS
_	ACAPLISHE AND	I IVOI ESSIOIVAE	QUALII ICATIONS

	Na	me of Institute	Qua	lification	Grant	ted Year	Index No. / Certificate No.
CAF	REER DETAILS		(Ple	ease attach ce	ertified c	opies of result	sheets/certificate
	Name	of the Organization	Your I	Designation	Repo		Service Duration lo. of Years/Months)
PAY	YMENT DETAILS						
The	e applicable rates fo	or each membership categ	gory are as	follows;			
	ACPM	- Rs.20,000/-					
	MCPM	- Rs.25,000/-					
	FCPM	- Rs.30,000/-					
		Method of Payment		Receipt I Cheque		Payment / Cheque Date	
	I .	ank,Branch					
	3. **Cheque						
	4. Cash at CPI						
	5. Online Pay						
	* Payment by c	rediting the following CPM	1 Accounts:				
	Sampath Ba	nk (any branch)		People's Ba	• •	-	
		1 161 001 034		Acc. No. 31			
	(Name to be	written in bank deposit sl	ip for ident	ification of th	e payee)	
		d by cheque, cheque shou Sri Lanka " and crossed "Ac			"The Ins	stitute of Char	tered Profession
DE:		on Lanka and Crossed AC	countraye	eonly .			
I de kno		ormation contained in thi I acknowledge that any si ion.					
I un regi 'ACI sub	ndertake that, if ad ulations made PM/MCPM/FCPM' a sscriptions, may lea	mitted as a member, I will thereunder. I further s applicable only while I re ad to removal from the reg aviours and my obligation	undertak main a mer gister of me	te that I nber of CPM a embers. I am	will ા and, I an	use the des n aware that fai	signatory letters llure to pay annua
vait		, -					

CHECK LIST

Please use this check list to make sure that you have attached everything needed to process your application. Recently updated CV Certified copies of Academic / Professional Certificates Service Letters from present employer and/or previous employers Two Passport size colour photographs with name written on the reverse (use white background) Cash Pay-in-voucher / Payment Receipt / Cheque