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Institute of Certified Management Accountants of Sri Lanka

Incorporated by Parliament Act No. 23 of 2009

Application for Fellow Membership

(To be co	ompleted and ret	urned to the Sec	cretariat w	ith the req	uisite fees	.)					
Full Name:											
Title:	Mr.	Miss.	Mrs.	Others							
Name with Initials:											
Date of Birth:	Date Month	Year		NIC No:							
ŗ		Academic:					Professiona	1:			
Qualification:											
Designation:											
Organization:											
Office Address:											
Residence:											
Telephone:	Of	fice		Residence							
								Office	Re	esidence	
Mobile:					Address to sent :	which m	nail to be				
E-mail:	Office				Residence						7
Current ACMA Number & Date membership											
Membership Fee		Rs.10,000									
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I hereby certify that the information given by me in this Application for Membership is true and correct. I understand that any false information in this Application lead to disqualification from applying for membership of the Institute of Certified Management Accountants.

Signature of Applicant,	

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	Certified Copy of Degree or master	's Certificate		Brief Co	mpany p	oronie
	Certified copies of any other Profes	sional (Fellowship	p)	Detaile	d CV	
	Continuing Professional Developm	ent (CPD)		Requisi	te fees	
Mode of	Payment:					
1. (Cheques drawn in favour of the 'I	Institute of Certi	fied M	anagement Acc	countant	s of Sri Lanka'
2. I	By Credit card at the CMA Secret	tariat.				
	Online with Master or Visa Credi	t Cards. (visit C	MA w	ebsite: www.cn	na-srilar	nka.org)
	http://cma-srilanka.org/mycma/ Bank Transfers only to - Sampa	th Bank, Bamba	lapitiy	a Branch, A/C	No. 10 1	111 4002954
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Remarks	•		Signa	ture		Date
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