



**Information Resource Centre
Institute of Policy Studies of Sri Lanka**

Corporate Membership Form

Name of the organization -----

Address -----

Telephone ----- **Fax** ----- **Email** -----

Liaison Contact

Name -----

Designation -----

Telephone ----- **Fax** ----- **Email** -----

- I enclose a cheque for Rs. 3000.00 as payment for the annual membership fee made payable to the Institute of Policy Studies.

ORGANISATION DECLARATION

I declare that the particulars we have given in this application are true. I am aware of and undertake to abide by the rules for Corporate Membership. In the event that the corporate membership is granted, my organization will guarantee a secure and proper conduct of the membership.

My staff will be informed that the membership card will be used for entry by only one employee at a time.

Approved and Submitted by _____

Designation _____

Signature -----

Company Stamp & Date

FOR OFFICIAL USE	
The Membership is granted for the period from _____ to _____.	
Membership No. _____	
Approved by	_____
Librarian	Date

Send your completed application along with the payment to Librarian, Institute of Policy Studies of Sri Lanka, 100/20, Independence Avenue, Colombo 7