

**ASSOCIATION OF PROFESSIONAL BANKERS – SRI LANKA
APPLICATION FOR MEMBERSHIP**

4. QUALIFICATIONS: (Please specify)													
Academic	1.												
	2.												
Professional	1.												
	2.												
5. CATEGORY OF APPLICATION (Please tick as appropriate and attach documentary evidence)													
1. Banker who is a Fellow or an Associate of the <i>(Diploma holders who are not Associates will not be eligible, until they secure the Associateship.)</i>													
<input type="checkbox"/> Chartered Institute of Bankers, United Kingdom or the Institute of Financial Services, United Kingdom.													
<input type="checkbox"/> Institute of Bankers of Sri Lanka													
<input type="checkbox"/> Any other Banking Institute recognized by the APB Council.													
2. Banker in the grade of Assistant General Manager and above, or of equivalent grade, as decided by the Council from time to time. Such decisions made by the Council shall be final.													
3. A banker who has completed a minimum of 5 years of continuous service as a permanent employee of a Bank, as of date with one of the following three criteria,													
<input type="checkbox"/> Holder of Postgraduate Diploma / Diploma in Bank Management of Institute of Bankers of Sri Lanka													
<input type="checkbox"/> A Fellow or Associate member of a professional body in the fields of Financial Accounting, Management Accounting, Information Technology, Human Resources, Marketing, Economic Research, or Engineering, which qualification is recognized by the Council or an Attorney-at-Law.													
<input type="checkbox"/> Holder of a Master's Degree in Business Administration / Finance / Law / human Resources / Information Technology													
6. PAYMENT DETAILS													
I herewith enclose a cheque for Rs..... drawn in favour of the "Association of Professional Bankers – Sri Lanka" being my membership fee. Cheque No. Bank Branch													
<input type="checkbox"/> Ordinary Members (Annual Subscription – Rs.1000/- <input type="checkbox"/> Life Membership (Rs. 10,000/-)													

7. APPLICANT SIGNATURE	
SIGNATURE OF APPLICANT	DATE

8. PROPOSED BY		
NAME OF PROPOSER	SIGNATURE OF PROPOSER	DATE

FOR OFFICE USE ONLY			
Recommendation - Membership Committee		Approval - APB Council	
CHAIRMAN	SECRETARY GENERAL		
Comments (If any)			
Category of Membership		Data base on	Signature
Membership No.		Input by -	
Date Approved		Verified by -	