

**Sri Lanka Institute of Service Management**

**APPLICATION FOR MEMBERSHIP**

Please refer to the ‘Notes for the Guidance of Applicants’ before filling this form.

Passport size Photo

Member Category: (Tick) For Office Use Only Member Date ReceivedAssociate Date to Council

Student Grade/Number

If you are already a member of the Institute, please indicate Membership No.:……..

**Title(Mr/Ms/Mrs/Dr/Prof) Surname with Initials** in block letters

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**Full Name**

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| --- | --- |
| **Current/Last Employment** |  |
| Designation |  |
| Company/Org Name |  |
| Business Address [ ] |  |
| Please tick [] Mailing Address |  |
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| --- | --- |
| Personal Information |  |
| Residential Address ( ) |  |
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|  |  |
|  |  |
|  | Email: |
|  | Mobile: |

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| --- | --- | --- | --- |
| Date of Birth |  |  |  |
|  |  |  |  |
| NIC No |  |  |  |

**Page 2:** Please use continuation sheet/s if necessary.

(Please attach copies of relevant certificates, latest Resume for reference)

**Academic Qualifications**

Please list in chronological order, all academic qualifications you have attained starting from secondary school.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **From**  month/year | **To**  month/year | **Name of Institution** | **Qualification** | **Full or part time** | **Date Received** |
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**Memberships of other Professional Bodies**

|  |  |  |
| --- | --- | --- |
| **Professional Body** | **Grade of Membership** | **Date Admitted** |
|  |  |  |
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**Positions Held and Experience**

The Membership Committee will be unable to consider the application unless this section is completed in detail.

|  |  |  |  |
| --- | --- | --- | --- |
| **From**  month/year | **To**  month/year | **Organization** | **Position Held, Duties & Responsibilities** |
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I certify that the information contained in this application is true to the best of my knowledge, and acknowledge the fact that if any information given is found to be false it would result in the termination of my membership of the institute.

………………………….. …………………… Signature of Applicant Date

**Page 3:**

**References**

**Required for Applicants for Member and Associate Grades only.**

Provide the following information of two referees who are currently full members of the SLISM. Else if the declaration of employer/sponsor in the next section is signed by a member of the SLISM then, one referee would be sufficient in this section.

|  |  |  |  |
| --- | --- | --- | --- |
| **Membership No** | **Name** (Title & name with initials) | **Contact Phone No** | **Signature** |
|  |  |  |  |
|  |  |  |  |

**Declaration of Employer/Sponsor**

(To be completed ONLY by your superior /supervisor)

I have verified as correct (where possible) the information supplied by the applicant on this form.

I agree to supply further information under confidential cover if necessary.

Title & Name with Initials: ………………………………………………. Organization Address: …………………………………………………

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…………………………………………………. Position: …………………………………………………. Contact No. : …………………………………………………. Email address: ………………………………………………….

If you are a Member of the Sri Lanka Institute of Service Management, please indicate your Membership Number…………

Date : ………………… ………………………...

Signature of Sponsor

**SRI LANKA INSTITUTE OF SERVICE MANAGEMENT**

**NOTES FOR THE GUIDANCE OF APPLICANTS**

1. Please prepare the application form using a black or blue pen or typed

2. Documentary evidence of relevant qualifications & experience (photocopies of certificates issued by appropriate authority /organization) should accompany the application in support of those qualifications and experience claimed.

3. Positions held and experience - Brief details of positions held and the periods of these positions and responsibility.

4. Contact details of at least two referees (currently Members of SLISM) who can verify the positions held and the experience claimed in this application. If the declaration of employer/sponsor in the next section is signed by a member of the SLISM, then one referee would be sufficient in this section. Referees nominated by the applicant may be contacted and requested to supply information in support of the application.

5. The application including copies of certificates, other relevant documents should be sent:

by email to: [yrkaru@haotmail.com](mailto:yrkaru@haotmail.com) **OR**

by post to: Sri Lanka Institute of Service Management

c/o Mr Y.R.Karunaratne

450/38 Thimbirigasyaya Rd, Colombo 5

**Membership Requirements**

**Members**

1.  Graduate in Service Management or a higher degree holder in Service Management with 4 years’ experience; Or

2.  Graduate in a field other than Service management and 5 years’ experience; Or

3. A professional qualification recognized by the Institute as being equivalent to a bachelor’s degree with 5 years’ experience; Or

4.  Non-graduate who has undergone adequate training in service management acceptable to the Management Council and 10 years’ experience;

The period of experience in 1, 2, 3 and 4 above should be in management of services at executive level.

**Associate Members**

Graduate in Service Management or a higher degree holder in Service Management; Or Graduate in a field other than Service management with1 years’ experience in management of services at executive level.”

**Student Member**

Students who have satisfied the council that they are following a course of studies in Service Management or Management at Post-secondary level acceptable-to the Council of the Institute.

**Payment Procedure**

Once the application is accepted you will be requested to pay the membership fees for registration. The applicable rates for each membership category are as follows;

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| --- | --- |
| **Member** | Rs. 3000/= |
| **Associate** | Rs. 2000/= |
| **Student** | Rs. 1000/= |

Bank Details: Sri Lanka Institute of Service Management

Sampath Bank Colombo Super Branch A/C 0175 6000 0871

Contact Persons: Mr Y.R.Karunaratne Mob: 0777760821 Mr Pathum Waas Mob: 0778848565

Note: If fees are paid by cheque, it should be drawn in favour of “Sri Lanka Institute of Service Management” and crossed “Account Payee”.