

Name :

Address :

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Date :

Chairman,
Membership Development Committee
Institute of Supply and Materials Management,
No : 275/75, Prof. Stanley Wijesundara Mawatha,
Colombo 07.

Dear Sir,

Application for Membership of ISMM

I am forwarding herewith my application together with the following documents to seek the membership of ISMM.

1. Duly filled ISMM Membership Application
2. Updated and signed CV / Bio Data
3. Service Certificates to prove the required experience in the field of Purchasing and Supply Chain Management
4. Examination / Professional Certificates
5. Two copies of Passport Size Colour Photographs
6. A certified copy of the Birth Certificate

I wish to enrol as a Corporate Member / Associate Member of the Institute of Supply and Materials Management and hereby declare that the information furnished in support of my application for membership is true and correct to the best of my knowledge.

I also, hereby declare that I have never been found guilty of professional misconduct during my career and promise to abide by the code of conduct of ISMM in the event of admitting me to the membership of the Institute.

I am aware that in case that the information furnished in my application are found incorrect or not fulfilling the requirements as per the by-law of the ISMM, my application for membership may not be considered for the type of membership category applied by me and the decision of the Council of Management of ISMM would be the final decision with regards to my application.

Thank you,
Yours sincerely,

.....
Signature of the applicant

.....
Name of the applicant



Passport Size
Photograph

INSTITUTE OF SUPPLY & MATERIALS MANAGEMENT
APPLICATION FOR MEMBERSHIP

• **Instructions**

- Use Block letters when filling the application.
- Please Mark 'X' in cages where applicable.
- Attach Photocopies of certificates duly certified by a superior officer not below the rank of an Executive Officer.
- Use separate sheets if necessary to furnish relevant details.
- Enclose 2 Passport size colour photographs.

PERSONAL DATA	Name in full			
	Private Address		Tele. No.	
	Date of Birth		Age	
	Mobile Phone Number		Sex	
	E-mail			

EMPLOYMENT DATA	Name of the Organization			
	Designation			
	Brief Description of Duties			
	Position of Immediate Supervisor		Total No Reporting to You	
	Present Employer's Address		Tel. No.	
	E-mail			

Nature of Business	Marketing/ Industrial/ Hospitality/ Service/ NGO/Any Other (Specify).....
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Academic Qualifications	GCE (O/L) :		GCE (A/L) :
	University Degree		Degree : Name of University :

	Post Graduate Degree		Degree :	
			Name of University :	
Professional Qualifications	DPMM/ GDPSCM/ ITC Diploma in IPSCM		Year Completed	
	Certificate in Purchasing /Stores Management		Year Completed	
	Any Other:			

Previous Working Experience

Name of Employer	Position Held	Period	Brief Description of Duties

Address for Correspondence

Office	
Home	

Category of Membership Applied For

Corporate		Affiliate		Associate		Institutional	
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Undertaking to be signed by the Applicant

I wish to apply for membership of the Institute of Supply and Materials Management of Sri Lanka with appropriate membership status (Corporate/Associate/Affiliate/). I agree in the event of my selection to membership, to be governed by the existing rules, regulations and the Code of Ethics or by any other that may come into force in the future of ISMM. I hereby certify that all information given by me in this application is true and correct. I am aware that any falsity in the information shall make the membership liable to cancellation at any time. I also undertake to renew my membership by timely payment of yearly membership fees knowing that the membership is liable to annulment for nonpayment.

Date :

.....

Signature of Applicant

Application Proposed and Seconded by:

	Proposed by (Corporate Member)	Seconded by (Corporate Member)
Name		
Address		
Membership Number		
Subscription Paid For		
Signature		
Date		

Referees: (Should be executives of firms/government/organizations as applicable including your immediate supervisor)

	First Referee	Second Referee
Name		
Position		
Official Address		
Telephone number(s)		
E mail		

Check List

- All sections completed.
- Certified copies of Birth Certificate, Educational/Professional/Service Certificates enclosed.
- Letter from present employer certifying duties/responsibilities/dates of appointment enclosed.

FOR OFFICE USE ONLY

Part I

Decision of Membership Development Committee

Tabled at Membership Committee on

Membership Recommended for : Corporate / Associate / Affiliate

Application Rejected Due to:

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Date :

.....
Chairman Membership Development Committee

Decision of the Council

Membership Approved for : Corporate / Associate / Affiliate

Date :

.....
President ISMM

Part II

1. Date of notification to the applicant :
2. Date of 1st Payment of Membership Fee :
3. Receipt Number :
4. Payment received by :
5. Membership Number :
6. Membership Details updated by :
7. Membership Identity Card issued on :
8. Date of Presentation of Certificate :