AMERICA SRI LANKA PHOTOGRAPHIC ART SOCIETY

LOS ANGELES

STATE OF CALIFORNIA REGISTERED NON-PROFIT ORGANIZATION

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MEMBER OF PSA Photographic Society of America WORLDWIDE

FIAP Federation Internationale de l'Art Photographique

APPICATION FOR MEMBERSHIP

Please enter in BLOCK LETTERS

Mem Number

Name of Applicant (First-M-Last)

Gender Specification and Date of Birth

Title			
Dr.	Mr.	Mrs.	Miss.

Date of Birth		
M	Date	Year

Age	
Months	Years

Picture ID/Passport Number

Address Residance

Postal Code

Home Phone **Mobile Phone**

Email

Profession/Designation

Memberships of other

Photographic Societies

Professional Qualification and

Distinctions in Photography

I hereby declare that the above particulars are ture and correct. I agree to abide by the rules and regulations of the society and fulfill my obligations as a member of the society

US Passport
Size Photogaph

Signature of Applicant

Date