

## SRI LANKA ASSOCIATION OF WASHINGTON D.C.

**ANNUAL MEMBERSHIP**  
**January 1<sup>st</sup> to December 31<sup>st</sup>**  
**Year 2010**

Regular membership (Individual)	\$20.00
Regular membership (Family w/ children under 18)	\$35.00
Associate membership (Temporary residents in the US for one year)	\$10.00
Sustaining Members – Life members paying dues – voluntary	\$25.00
Life Membership: Individual	\$200.00
Family	\$300.00

**Please mail membership checks payable to:**

*The Sri Lanka Association of Washington, D.C.*  
P. O. Box 30295, Bethesda, MD 20824-0295

*Address changes should be notified to the above SLAWDC address. The Board will not be responsible for lost mail unless address changes are notified by the member.*

Tax deductible donations are accepted only by **Sri Lanka Association of Greater Washington, Inc, (SLAGW)** an approved 501(c) (3) entity chartered by SLAWDC and governed by the same Board of Directors. All donors donating \$ 50 or more in a given fiscal year, February 1 – January 31, will be listed in a Honor Roll in the Annual Report.

**Distinguished Donor Categories for SLAGW \*:**

Benefactor	\$ 250 +
Founding Donor	\$ 500 +
Sustaining Donor	\$ 1,000 +
Leadership Donor	\$ 5,000 +
Endowing Donor	\$ 10,000 +

\* Honorary SLAWDC membership will be granted by Board resolution to honor non-resident Donors of Distinction for Benefactor or higher level of giving to charities supported by SLAGW, for durations specified at the discretion of the Board.

**Please forward SLAGW donations to:**

**Sri Lanka Association of Greater Washington, Inc.**  
**P.O. Box 30295**  
**Bethesda, MD 20824-0295**

**FOR BOARD USE ONLY -**  
*Please note for future  
Membership card issue*

**Year:**  
**Category:**  
**Unit #:**  
**Member # :**  
**No. of Cards #:**  
**Date Paid:**  
**Check #:**

### APPLICATION FOR SLAWDC MEMBERSHIP - 2010

I/We wish to enroll as a member(s) of the Sri Lanka Association of Washington, D.C., subject to the approval of the Board of Directors and agree to abide by the constitution and by-laws of the Association.

**Membership Information:** New Membership       Renewal       Other

**Mailing Preference:** Postal Service  E-Mail       Fax

**First Name of Member:** .....

**First Name of Spouse:**.....

**Last Name:**.....

**Address:** .....

.....

**Home Phone:**..... **Home Fax:**.....

**E-mail Address:**.....

#### Children under 18 years

1. \_\_\_\_\_ M  F       *Date of Birth: Year* \_\_\_\_ *MO* \_\_\_\_ *Day* \_\_\_\_

2. \_\_\_\_\_ M  F       *Date of Birth: Year* \_\_\_\_ *MO* \_\_\_\_ *Day* \_\_\_\_

3. \_\_\_\_\_ M  F       *Date of Birth: Year* \_\_\_\_ *MO* \_\_\_\_ *Day* \_\_\_\_

4. \_\_\_\_\_ M  F       *Date of Birth: Year* \_\_\_\_ *MO* \_\_\_\_ *Day* \_\_\_\_

**SIGNATURE OF MEMBER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_