



**සිංහල සංගමය සාමාජික ඉල්ලුම් පත්‍රය**



**SINHALESE ASSOCIATION OF CANADA**

නම Full Name:.....

ලිපිනය Address :.....

Postal Code:..... Tel:..... Fax/Email:.....

Family Members: (1) Spouse.....

Children: (1)..... (2).....

(3)..... (4).....

**IF YOU WISH TO VOLUNTEER PLEASE CHECK:**

1. SPORTS & YOUTH PROGRAMS.....

2. WOMENS PROGRAMS.....

3. TEACHING LANGUAGES  
ENG/FRE/SINHALA.....

4. CULTURAL PROGRMS.....

5. SENIORS PROGRAMS.....

6. OTHERS (Specify).....

I hereby accept and agree to abide by the constitution, rules and regulations of the  
SINHALESE ASSOCIATION OF CANADA.

.....  
Signature of the Applicant

.....  
Date

ANNUAL MEMBERSHIP FEE \$10/=

PROPOSED BY

APPROVED BY THE BOARD ON

.....

.....

RECEIPT #:.....

CARD #:.....

Membership Secretary:.....

P.O.Box 62606, 85 Ellesmere Rd., Scarborough, ON M1R 5G8  
Tel: 416 287 1903, 416 264 9482

*එන්න අප හා එක්වන්න ඔබටයි අපේ ආරාධනා*