

# Additional Member Application Form



*Select a membership level and our staff will contact you within 48 hours of your form submission. In our effort to be more environmentally conscious, confirmation of your membership will be sent by e-mail.*

*Note: Annual membership term runs from April 1 - March 31.*

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## Member Information

**Name of Member Company**

**Name of Member**

**Address**

Yes, I would like to enroll the under mentioned as an Additional Member of my Company.

**Full Name**

**Designation**

**Contact Number(s)**

(Mobile/Direct Office Line/Fax)

**E-mail**

**Date of Joining the Company**

**Designation**

**Citizenship**

**Memberships of any other  
Organisations and/or Chambers**

**Personal Assistant/Secretary Name**

Personal Assistant/Secretary's Contact  
Details

(Mobile/Direct Office Line/Fax)

Signature of AmCham SL Member :

Date:

Note:

- Payment of LKR 8,500/- + 8% VAT = LKR 9,180/- per member must be sent with the application;
- Payment to be made in favour of **American Chamber of Commerce in Sri Lanka**

*Should you require further information and/or clarifications, please feel free to contact  
[shanika@amcham.lk](mailto:shanika@amcham.lk)/[info@amcham.lk](mailto:info@amcham.lk)*