



Sri Lanka America Association of Las Vegas

6737, Carlisle Grove Ave, Las Vegas, Nevada 89139

Email: slaalasvegas@gmail.com Web: www.slaalv.com

Membership Application

Name: _____

(Required)

Address: _____

(Required)

Home Phone: _____ Cell Phone: _____

(Required)

(Required)

Email: _____

(Required)

Date of Birth: Month _____ Day: _____

(optional)

I/ We would like to be an Adult / Individual, Family, Honorary member (Circle one)

Annual Membership Fees:

Adult / Individual \$10, Family Membership \$20, Lifetime Membership \$300. Checks payable to "SLAALV"

Please mail your applications to: The Membership Committee Chair, SLAALV, 6737, Carlisle Grove Ave,
Las Vegas, Nevada 89139

Signature: _____

Date: _____