



Association of Vitreo Retina Specialists of  
Sri Lanka

## AVRSSL MEMBERSHIP APPLICATION

(Please use BLOCK letters)

Name in full: .....

Institution / Dept: .....

Private Address: .....

Phone:..... Fax : ..... E-mail : .....

Official Address: .....

Phone:..... Fax : ..... E-mail : .....

Date of Graduation: .....

### 1. *Ordinary members*

- Ophthalmologists who have completed a one year formal clinical fellowship in vitreoretinal surgery.
- Board certified ophthalmologists in charge of vitreo retinal units.
- Ophthalmologists who are practicing as vitreo retinal surgeons for a maximum of 5 yrs.

### 2. *Associate members*

- MD / MS Ophthalmology, FRCS, FRACS, FCOphth or other equivalent degree in Ophthalmology

### 3. *Affiliate members*

- Trainees in MD Ophthalmology (Sri Lanka)

**I hereby apply for admission as an Ordinary / Associate / Affiliate Member of the Association of Vitreo Retina Specialists of Sri Lanka and undertake to abide by the Memorandum and Articles of Association.**

.....  
Applicant's signature

.....  
Date

I declare that the candidate is known to me and that the information presented herein is accurate. I am not aware of any disciplinary or professional conduct issues that might affect the candidate's suitability as an Associate member / Affiliate member of the Association of Vitreo Retina Specialists of Sri Lanka.

Name of Seconder: .....

Designation: .....

Signature: ..... Date: .....

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**Subscription**

Ordinary membership fee:

Associate Membership fee: Rs. 2,000.00 (per annum)

Affiliate Membership fee: Rs. 1,000.00 (per annum)

Cheque should be drawn in favour of "The **Association of Vitreo Retina Specialists of Sri Lanka**" and crossed "A/c payee only"

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**AVRSSL Secretariat**

National Eye Hospital, Colombo, Sri Lanka

Tel/ Fax: (94) 11 2691338 /Email: [info@retinasrilanka.org](mailto:info@retinasrilanka.org) / [www.retinasrilanka.org](http://www.retinasrilanka.org)