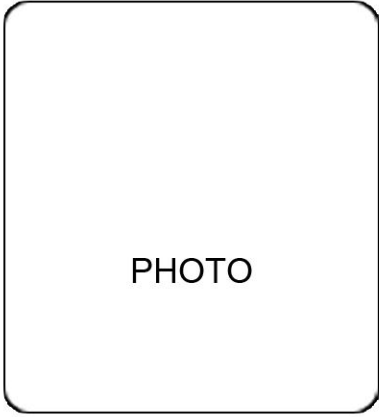




**Council of Justices of the Peace of Sri Lanka**

Tel/Fax: 0117 92 5627 Email: [cjpsloffice@gmail.com](mailto:cjpsloffice@gmail.com) Web: [www.cjpsrilanka.lk](http://www.cjpsrilanka.lk)



MEMBERSHIP NO:  
C.JPSL/EXM/...../.....  
  
PAID / UNPAID

- 01. Full Name (In block letters) :
- 2) Address (In block letters) :
- 3) N.I.C. No. :
- 4) Telephone No. : Res: Office: Fax:
- 5) Mobile No. : E-mail:
- 6) Occupation :
- 7) JP's Registration No. :
- 8) Date of Appointment :
- 9) Area of Jurisdiction :
- 10) Reference to Gazette No. & Date:
- 11) Date of Oath taken :

I hereby apply to be enrolled as a Life Member of "Council of Justice of the Peace of Sri Lanka" and I agree to abide by its Constitution.

.....  
*Date*

.....  
*Signature of Applicant*

*Proposed By : .....* *Signature : .....*

**FOR OFFICE USE ONLY**

Receipt No. : Membership No. :

Name of Bank : ..... Accepted / Rejected at the Executive Committee

Bank : Meeting Held on :

Cheque No. : ..... Reasons for Rejection :

.....  
National Director

.....  
Director – Legal