

**APPLICATION FOR MEMBERSHIP
'CLEAN HANDS'**

Alliance of Sri Lankan Public Sector Officers Against Corruption

01. Name (with Initials) :

Name in Full :

02. Contact Details

Residence

Office

Address :
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.....

Telephone :

E-mail :

03. Record of Service

Present Position :

Institution :

Service :

**Previous Positions Held in the
Public Sector :**

04. Date of Birth : DD.....MM.....YYYY.....

**05. Expectations of being a Member
of Clean Hands :**

If I am admitted to the membership of "Clean Hands" I declare that I will stand committed to its Objectives.

Please enroll me as a Member /Life Member of the "Clean Hands ".

Date:

Signature

06. Recommended and Certified by:

.....

Name

Signature

.....

Name

Signature

For Office Use Only

Membership is: Granted Rejected

01. Membership Number :

02. Date of Enrolment :

03. Membership Fee Receipt No:

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Hon. Treasurer

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Hon. Secretary