



SRI LANKA ASSOCIATION OF AIRLINE REPRESENTATIVES

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APPLICATION FOR MEMBERSHIP

NAME OF AIRLINE :

Name of GSA :
(Please attach documents to support appointment as GSA for above airline)

Address :

Telephone Number : Fax Number :

E-Mail Address :

Date or year of Appointment of GSA :

Certificate of Incorporation – Number : Date of Issue :

DGCA Licence Number : Date of Expiry :

Name and Designation of Head of GSA :

Name and Designation of Nominee to SLAAR Committee :

Name and Designation of Alternate Nominee :

Fees : Enrolment Fees Rs. 2,500/- Annual Subscription Rs. 7,500/-

Payment by : Cash/Cheque Cheque No :

I, as the representative of the General Sales Agents for confirm having read the constitution of the Sri Lanka Association of Airline Representatives and agree to abide by the rules and conditions set therein.

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Company Stamp / Date

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Name and Signature of Chief Executive

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Approved by Chairperson – SLAAR

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Signature / Date