

Life Membership/Associate Membership

MEMBERSHIP APPLICATION FORM

Date _____ 20

We hereby apply for Membership of the Association. Our Corporate Profile is as under.

A. CORPORATE PROFILE

1.	NAME OF COMPANY	:	<hr/>																		
2.	ADDRESS (FACTORY)	:	<hr/> <hr/> <hr/>																		
3.	COMMUNICATION (FAC.)	:	TEL : <hr/> FAX : <hr/> EMAIL : <hr/>																		
4.	STAGGERING HOLIDAY	:	<input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN																		
5.	TYPE OF COMPANY	:	<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PRIVATE LTD. <input type="checkbox"/> PUBLIC LTD. <input type="checkbox"/> OTHERS <hr/>																		
6.	TYPE OF INDUSTRY	:	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> COLD STORAGE</td> <td><input type="checkbox"/> COATINGS</td> <td><input type="checkbox"/> CHEMICALS</td> </tr> <tr> <td><input type="checkbox"/> ELECTRICAL</td> <td><input type="checkbox"/> ELECTRONICS</td> <td><input type="checkbox"/> ENGINEERING</td> </tr> <tr> <td><input type="checkbox"/> FABRICATION</td> <td><input type="checkbox"/> FOOD PROCESSING</td> <td><input type="checkbox"/> HEAVY ENGG.</td> </tr> <tr> <td><input type="checkbox"/> PACKAGING</td> <td><input type="checkbox"/> PHARMACLUTICAL</td> <td><input type="checkbox"/> PLASTIC</td> </tr> <tr> <td><input type="checkbox"/> PRINTING</td> <td><input type="checkbox"/> SERVICE INDUSTRY</td> <td><input type="checkbox"/> TEXTILES</td> </tr> <tr> <td colspan="3">OTHERS <hr/></td> </tr> </table>	<input type="checkbox"/> COLD STORAGE	<input type="checkbox"/> COATINGS	<input type="checkbox"/> CHEMICALS	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> ELECTRONICS	<input type="checkbox"/> ENGINEERING	<input type="checkbox"/> FABRICATION	<input type="checkbox"/> FOOD PROCESSING	<input type="checkbox"/> HEAVY ENGG.	<input type="checkbox"/> PACKAGING	<input type="checkbox"/> PHARMACLUTICAL	<input type="checkbox"/> PLASTIC	<input type="checkbox"/> PRINTING	<input type="checkbox"/> SERVICE INDUSTRY	<input type="checkbox"/> TEXTILES	OTHERS <hr/>		
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<input type="checkbox"/> PRINTING	<input type="checkbox"/> SERVICE INDUSTRY	<input type="checkbox"/> TEXTILES																			
OTHERS <hr/>																					
7.	MSE /INDUSTRY REGN. NO.	:	<hr/>																		
8.	NATURE OF PRODUCTS MFR. (Encl. Catalogue if any)	:	<hr/> <hr/>																		

B. MANAGEMENT PROFILE

Sr no	NAME OF PARTNER/DIRECTOR	MOBILE NO.	EMAIL ID	RESIDENCE TEL NO.
1				
2				
3				
4				
5				

C. REGD. / ADMIN. OFFICE PROFILE

1. ADDRESS

2. COMMUNICATION

TEL :

FAX :

EMAIL :

URL :

3. STAGGERING HOLIDAY : MON TUE WED THU FRI SAT SUN**D. GENERAL INFORMATION**1. ARE YOU OR YOUR COMPANY A MEMBER OF ANY OTHER INDUSTRIAL ASSOCIATION IN TALOJA MIDC YES NO1. A. IF YES NAMELY ;

2. WOULD YOU WISH TO PLAY A REPRESENTATIVE ROLE IN ASSISTING THE ASSOCIATION IN AREAS OF YOUR PROFICIENCY FOR THE WELFARE OF MSME INDUSTRY YES NO2. A. IF YES NAMELY ;

E. MEMBERSHIP FEES

We enclose herewith Our cheque no. _____ dated _____ drawn on _____ Branch in favour of Taloja Industries Association

If we are admitted as a member of the Taloja Industries Association We hereby agree to abide by the Rules and Regulations of the said Association

Your's faithfully,

(Signature with Rubber Stamp)

F. REFERENCE

	PROPOSED BY	SECONDED BY
NAME		
PLEASE PUT RUBBER STAMP OF THE COMPANY.		

G. FOR ADMINISTRATIVE USE ONLY

THE APPLICATION HAS BEEN VRFIFIED AND IS

 ACCEPTED Dated : ___/___/___ M. No.: _____ NOT ACCEPTED Dated : ___/___/___

REMARKS _____

PRESIDENT

HON. SECRETARY