



MEMBERSHIP APPLICATION INSTITUTIONAL

The Governing Council
Ahmedabad Management Association
ATIRA Campus, Dr. Vikram Sarabhai Marg
Ahmedabad 380 015

Annual Membership ₹	11,800
Patron Membership ₹	1,18,000
(Time frame for Patrons – 20 years)	
<i>Including GST</i>	

Dear Sirs:

We wish to become Patron Annual Member of the Ahmedabad Management Association. We have gone through the rules and regulations of the Association and agree to abide by them.

We are sending herewith Rs. _____ by cash/ cheque No. _____ Bank

_____ drawn in favour of '**Ahmedabad Management Association**' towards Annual Patron Membership subscription. We give below the required particulars for the consideration of the Council:

1. Name of the company/organization: _____

2. Mailing Address: _____

_____ PIN

Telephone(s): _____ Fax: _____

Email: _____

3. Nature of business/service: _____

4. Nature of company (Tick (✓) the one relevant)

- | | |
|---|--|
| <input type="checkbox"/> a) Public Limited | <input type="checkbox"/> d) Partnership |
| <input type="checkbox"/> b) Private Limited | <input type="checkbox"/> e) Proprietary |
| <input type="checkbox"/> c) Government Department | <input type="checkbox"/> f) Any Other (Please specify) _____ |

5. Number of Employees: a) Shopfloor Workforce _____ b) Clerical _____

c) Supervisory/Managerial _____ **Total** _____

6. Representatives of the organization at AMA (for Annual Members two representatives and for Patron three representatives):

1. Name: _____ Designation : _____

Phone : _____

E-mail : _____

2. Name: _____ Designation: _____

Phone : _____

E-mail : _____

3. Name: _____ Designation: _____

Phone : _____

E-mail : _____

Our admission to Membership will be subject to the scrutiny and approval by the Governing Council whose decision will be final and binding upon us. We also confirm that the information given in the form is complete and true and we abide by the rules and regulations of the Association.

Date: _____ Signature: _____

Name: _____

Designation: _____

Recommendation from one of the existing members of AMA

Name: _____ Membership No.: _____

Address: _____

_____ PIN _____

Date: _____ Signature: _____

Not to be filled in case of request for Membership introduced from AMA.

FOR OFFICE USE ONLY

Remarks of Scrutiny Committee: _____

Signature (Chairman/Scrutiny Committee): _____

Approved by the Governing Council at its meeting dated: _____

Date: _____

Executive Director

Note: Kindly mention three names for Patron Members and two names for Annual Members as representatives of the company.