

Indore Management Association

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APPLICATION FORM FOR ASSOCIATE MEMBERSHIP

1. Name (Mr./Ms.).....

2. Address Residence Office
.....
.....
City
Pin code

3. Contact No. Fax

E-mail *

4. Address for Correspondence Office/Residence

5. Date of Birth (DD/MM/YY)

6. Academic/Professional Qualifications (Intermediate onwards)

Degree/Diploma	University / Institution	Year

7. Employment

a. Present

i. Name of the Organisation

ii. Designation

E-mail *

iii. Nature of Business / Industry

iv. Products manufactured /Handled (please specify)

v. No. of executives/supervisors/workers reporting directly to you

vi. Name & designation of immediate superior

b. Past (please attach a separate sheet, if necessary)

Period	Organization	Designation	Job Responsibility

8. a. Area of interest of Management (please tick more than one, if applicable)

HR Production Marketing / Sales Quality control
 Finance Material Management General Administration Others, please spec.

b. Management Development / Training Courses attended.

Topic/Title	Association / Institution	Dates	Duration

9. Research Work (Publications)

10. Management subjects of interest

11. Areas in which contribution to MA's activities can be made

Date Signature

MEMBERSHIP FEE

ASSOCIATE ANNUAL SUBSCRIPTION

Rs. 400/-

Note:

1. Full subscription for the current year is payable if the Application is submitted any time between April to September.
2. In all cases the renewal of subscription becomes due from 1st April next.

* IMA makes extensive use of E-mail for correspondence and information about its activities. You are requested to check your E-mail regularly and interact with us accordingly.

Details of Payment: Cash/Cheque No.Dated for

Rs. Drawn on (bank)

FOR OFFICE USE ONLY

Date of receipt of application IMA Receipt No. Dt.....
 Approved by the Executive Committee on (Date) Membership No.
 Name entered on Member's register & Mailing List on (Date)

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