

Indore Management Association

56/1, South Tukoganj, Indore - 452 001
Tel: 0731-2512545, 2529649, Fax: 0731-2528680
Email: mail@imaindore.com, Website: www.imaindore.com

APPLICATION FORM FOR INSTITUTIONAL MEMBERSHIP

Name

Address	Office	Works
.....
.....
.....

E-mail

Telephone No.

Fax

Type of Business/ Industry (Pl. tick)

Manufacturing Trading Services Other - Please specify:.....

Products manufactured/services
(Please specify)

No. of Employees

Managers Staff Workers

Annual Turnover (Rs)

Name & Address of two nominees: (one principal and the other alternate, to represent the organization on the General Body of the Association)

Principal Nominee

Alternate Nominee

Name :

Designation :

E-mail :

Address
(for correspondence): Office Works (Please tick mark)

Telephone No. :

Mobile No. :

IMPORTANT

Please send bio-data of all the senior managers/executives of the organization (including two nominees) as per pro-forma enclosed.

SUBSCRIPTION RATES

Type of organization	Entrance Fees	Annual Subscription (1 st April to 31 st March)
☛ Organizations having annual turnover of more than Ten Crores	Rs. 1,000/-	Rs. 10,000/-
☛ Organisations having annual turnover of more than One Crore upto Ten Crores	Rs. 1,000/-	Rs. 5,000/-
☛ Organisations having annual turnover of less than One Crore	Rs. 500/-	Rs. 2500/-

Note:

1. Full subscription for the current year is payable if the Application is submitted any time between April to September.
2. Only half subscription is payable for the current year if the Application is submitted between October and March.
3. In all cases the renewal of annual 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. Dt. for Rs.
Drawn on (bank)

Signature (applicant)

Name

Designation Date

FOR IMA OFFICE USE

Membership No.:

Received on (Date) :

Amount

Receipt No. Date.....

Approved by the Executive committee on (Date)

Name entered in Members register & mailing list of (Date)

Copy of Memorandum & Articles of Association sent to (Date)

Name:..... Signature