



## MEMBERSHIP APPLICATION INSTITUTIONAL

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

Annual Membership ₹	11,500
Patron Membership ₹	1,15,000
(Time frame for Patrons – 20 years)	
Including Service Tax: 15%	

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)

- a) Public Limited  d) Partnership  
 b) Private Limited  e) Proprietary  
 c) Government Department  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: \_\_\_\_\_

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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.