

MEMBERSHIP APPLICATION FORM

INSTITUTIONAL MEMBER

FOR

OFFICE USE ONLY

GOA MANAGEMENT ASSOCIATION

OS/10, FACILITY BLOCK,
SAPANA GARDENS, CHOGM ROAD,
ALTO PORVORIM GOA - 403 521
TEL: 2411538
EMAIL: office@gmagoa.com

Dear Sirs,

We desire to become an Institutional Member of GMA. We have read the Memorandum, Rules & Regulations of the Association and agree to abide the same. We furnish below the following particulars as required.

I enclose Entrance Fee of Rs. _____ and Membership Fee of Rs. _____. It is agreed that the decision of the Executive Committee shall be final.

Yours faithfully,

Signature : _____

Designation: _____

Company's name : _____

Address : _____

(Any change in address should be notified in writing)

Telephone No. Office : _____

Residence : _____

Email: _____

Date : _____

1. Name of Institution
2. Nature of Business
3. Average number of workers employed
4. Other Professional Membership

5. Names of Representatives I

Designation

II

Designation

III

Designation

6. Nature of Work performed I

II

FOR USE OF EXECUTIVE COMMITTEE

Application received on _____

Application reviewed by the Executive Committee on _____

Decision of Executive committee _____

Date _____

Chairman Executive Committee _____