

## MEMBERSHIP APPLICATION FORM

### INDIVIDUAL

For Office Use Only

Professional  
Student

## GOA MANAGEMENT ASSOCIATION

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

DATE :

Dear Sirs,

I desire to become an Individual *Professional / Student* Member of the GMA and accordingly I provide the required particulars on this membership application form.

I have read the Memorandum and Rules & Regulations of the Association and agree to abide by the same.

I enclose entrance fee of Rs. \_\_\_\_\_ and **Annual / Life** membership fee of Rs \_\_\_\_\_ .

I agree that the Executive Committee's decision on my application shall be final and binding.

Yours faithfully,

Signature \_\_\_\_\_

### **PLEASE FILL DATA IN BLOCK LETTERS. Use Additional Paper If Required**

Full postal address for correspondence (Pleas notified to GMA Office any change in future in writing)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: (O) \_\_\_\_\_ ( R ) \_\_\_\_\_ (M) \_\_\_\_\_  
Email ID \_\_\_\_\_

- 
1. Name Mr/ Ms. \_\_\_\_\_
  2. Date of birth \_\_\_\_\_
  3. Academic qualifications \_\_\_\_\_  
\_\_\_\_\_
  4. Professional qualifications and Membership \_\_\_\_\_  
\_\_\_\_\_
  5. Please give details of articles published, papers presented & lectures delivered. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  6. Previous experience \_\_\_\_\_  
\_\_\_\_\_
-

7. Details of countries visited and purpose of visit. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Details of present assignment :  
Position held: \_\_\_\_\_  
Name of Company / Organisation and Address: \_\_\_\_\_  
\_\_\_\_\_  
Nature of business: \_\_\_\_\_  
\_\_\_\_\_  
Nature of work \_\_\_\_\_  
\_\_\_\_\_

9. Field of special interest [Please check(✓)]

<input type="checkbox"/>	General Management	<input type="checkbox"/>	Marketing Management
<input type="checkbox"/>	Financial Management	<input type="checkbox"/>	Personnel Management
<input type="checkbox"/>	Materials Management	<input type="checkbox"/>	Office Management
<input type="checkbox"/>	Production Management	<input type="checkbox"/>	Any other _____

**10. Recommended by: (To be signed by two Individual or nominated institutional members of GMA known to you )**

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Name ..... Name .....  
(In Block Capitals) (In Block Capitals)

(For Office Use only)

Fee Received Entrance Fees Rs. \_\_\_\_\_  
Annual subscription for the year \_\_\_\_\_ Rs. \_\_\_\_\_  
OR Life subscription Rs. \_\_\_\_\_

Remarks \_\_\_\_\_  
\_\_\_\_\_

Date of Approval by EC \_\_\_\_\_

Chairman: Executive Committee