

**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

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FOR USE OF EXECUTIVE COMMITTEE

Application received on \_\_\_\_\_

Application reviewed by the Executive Committee on \_\_\_\_\_

Decision of Executive committee \_\_\_\_\_

Date \_\_\_\_\_

Chairman Executive Committee \_\_\_\_\_