

# COIMBATORE MANAGEMENT ASSOCIATION

(Affiliated to the All India Management Association)

"D. JAYAVARTHANAVELU HALL" VIDYA APARTMENTS 56, RACE COURSE ROAD, COIMBATORE - 641 018.

PHONE : 4204131, Website : www.cmacbe.com

## MEMBERSHIP APPLICATION

Please Tick Category

### FOR CORPORATE / INSTITUTIONAL

CORPORATE	INSTITUTION	INDIVIDUAL	STUDENT	LM
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NAME : .....

ADDRESS : .....

: .....

PHONE (O)

FAX :

TELEX :

E-MAIL :

(R)

MOBILE :

### REPRESENTATIVE (Two Persons)

Name	Designation	Nature of Responsibilities
1.		
2.		

### HEAD OF ORGANIZATION

### HEAD OF INSTITUTION

1.

### FOR INDIVIDUAL / STUDENT

Name : .....

Fathers Name / Husband Name : .....

Home Address : .....

Date of Birth : ..... Sex  M  F

Academic / Professional Qualifications : .....

Organization : Name & Address .....

Phone : (O)

Fax :

E-mail :

(R)

Mobile :

Your Current Designation : .....

Date of Appointment : .....

### PAST EXPERIENCE

From	To	Designation	Organization & Job Details

## INTRODUCED BY

Name	Category of Membership in CMA	Signature

Preferred Mailing Address : Home  Office

I / We agree to abide by the Memorandum and Rules & Regulations of the Association. Enclosed please find Cheque/Cash for Rs. .... (Rupees ..... Only) towards Annual Subscription and Entrance fee.

Date : Signature ;  
Office Seal : Name ;  
Designation :

Note :  
1. All Cheques to be drawn in favour of Coimbatore Management Association.  
2. The year for membership is from April to March.  
3. Rates of annual Subscription & Entrance fee, for various Categories are as follows :

	<u>ANNUAL SUBSCRIPTION</u>	<u>ENTRANCE FEE</u>
	Rs.	Rs.
a) Corporate :	3000	1000
b) Institution :	1500	500
c) Individuals :	500	200
d) Students :	60	60
(for two years)		
e) Life Members :	10 times the annual subscription to be paid at the time of enrolment only	
(for Individuals only)		
f) Partron member :	Rs.. 25,000/- Lumpsum to be paid at the time of enrolment only	
(for Corporate / Institution / & Individuals)		

### FOR COIMBATORE MANAGEMENT ASSOCIATION'S OFFICE USE ONLY

Date of receipt of application Form :  
No & date of receipt issued :  
Date of Managing Committee Meeting  
where the application is considered :  
Membership :

.....  
Hony. Secretary

.....  
President

Information sent to the member