

REGISTRATION FORM

Membership- Associate

Date : SL. No :

Name of Organisation :

E-mail :

Address :

Statutory documents submitted :

GST Number :

Phone Number :

 Landline Cell

OWNERSHIP AND CONTACT DETAILS

Head of organisation :

Phone Number :

Principal category of Business :

 Pvt Ltd LLP Partnership Proprietorship

Any other :

Details of other Directors & Partners :

Name

Phone Number

DECLARATION

- I wish to confirm that Irepresenting.....
.....is enrolling myself for membership of EVENT MANAGEMENT ASSOCIATION KERALA.
- I am enclosing a Cheque / DD of Rsas registration charges vide Cheque /DD number : Bank :in favour of EVENT MANAGEMENT ASSOCIATION KERALA for the same.
- I shall abide by the rules & regulations of the association and pay annual charges.

Proposed by EMAK member :

Signature :

- 1.
- 2.

Approved by Executive committee member:

Signature :

- 1.
- 2.

Signature of Applicant representative
with address stamp

BANK DETAILS

Acct Name : Event Management Association Kerala
Acct No: 13160200017918 IFSC Code : FDRL0001316
Bank : Federal Bank Branch :- Panampilly Nagar

MEMBERSHIP FEE

₹2500

Cheque / DD to be in favour of EVENT MANAGEMENT ASSOCIATION OF KERALA PAYABLE AT COCHIN
CHEQUE /DD to be submitted along with Registration Form to the Treasurer, EMAK