

REGISTRATION FORM

Primary Membership

Date : SL. No :

Name of Organisation

Head of Organisation

Nature of business :

Address :

E-mail :

GST Number :

Phone Number :

 Landline Cell

Representative assigned to represent the organisation at EMAK :
(Attach board resolution for above)

Business ownership type :

 Sole proprietorship Partnership OPC LLP Pvt. Ltd

For Partnership Firm please attach the list of Partner & Details as Mentioned in (Page 2)

Membership in any other Event Related Association Yes No

If yes, Name of Association :

Role in the above Association :

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.

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

REGISTRATION CHARGES : ₹ 5,000/-

ANNUAL CHARGES : ₹ 10,000/-

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



REGISTRATION FORM

Primary Membership

Date :

SL. No :

For partnership firms; please provide names of all partners :

Name

Phone Number :

E-mail ID

1.

2.

3.