

MEMBERSHIP RENEWAL FORM - PRIMARY MEMBER

2024 - 2025

Date :

SL. No :

Name of Organisation :

Nature of business :

Address :

E-mail :

GST Number :

Phone Number :

 Landline Cell

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 :

Name of the primary member in EMAK :

Details of other offices (If any) :

Phone Number :

Name of the secondary member in EMAK (optional) :

Phone Number :

Women in Emak representative, if any: (only for owners):

Renewal amount paid : Rs. 10,000/- Rs. 5,000/- Rs. 2000/-

Transaction Id / Chequedetails :

Signature of Primary representative
with business stamp

BANK DETAILS

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

For office use :

Membership renewal approved by

Name, Signature & designation :

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



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Date :

SL. No :

For partnership firms; please provide names of all partners :

Name

Phone Number :

E-mail ID

1.

2.

3.