



C-20/6A, Institutional Area Sector-62,  
Noida-201301 Telefax- (0120) 2401305  
also visit us on www.nmanoida.org

## Membership Application Form

### A. NAME OF ORGANISATION

Patron  Organisation

Address.....

.....

Telephone..... Fax.....

E-mail..... Mobile.....

Head Office (If different from above)

.....

Telephone..... Fax.....

E-mail..... Mobile.....

### B. FORM OF ORGANISATION

Partnership  Sole Proprietorships  Public Limited

Private Limited  Government Undertaking  Other

C. ANNUAL TURNOVER .....

D. NATURE OF BUSINESS .....

### E. Representative of the Organisation

Name : Shri/Ms..... Address.....

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Designation.....

### F. Declaration

We declare that the statement made herein is correct to the best of our knowledge and belief. We agree, when elected as a member of the Association, to abide by the rules & Regulations of the Noida Management Association.

For and behalf of

Name..... Signed.....

Date.....

Enclosed Cheque/Draft No..... Date..... For Rs.....

In favour of **Noida Management Association, Noida.**