

INDIAN RESINS MANUFACTURER'S ASSOCIATION

Admin Office : A-715, Kailas Business Park, Parksite, Veer Savarkar Road, Vikhroli (West), Mumbai - 79.
Tel. 2517 0063 E-mail: info@irmaonline.org / sm.irmaonline@gmail.com Website: www.irmaonline.org



MEMBERSHIP APPLICATION FORM

To,
The Hon. Secretary,
INDIAN RESINS MANUFACTURER'S ASSOCIATION,
MUMBAI.

Dear Sir,

Please consider me/us for enrollment as an ORDINARY / ASSOCIATE Member of Indian Resins Manufacturers Association. I/We give below details as required. I/We agree to abide by the rules & regulations of the Association. Enclosed please find herewith a sum of the Rs. 6000/- only (by Cash/Cheque/DD) as under.

Admission Fee :- Rs. 2000/-

Subscription :- Rs. 4000/- for the year _____

+ 18% GST

Date :

Yours faithfully,

GST NO 27AABCI5855M1Z3

(Signature with Rubber Stamp)

COMPANY PROFILE OF PROPOSED MEMBER

NAME OF UNIT : _____

ESTABLISHED IN : _____

NATURE OF BUSINESS : Manufacturer / Trader / Indentor (Select one)

CONSTITUTION : Private Limited Company / Public Limited Company / Sole Proprietor / Partnership firm / Other (Select appropriate category)

For SSI Unit only : Are you a registered SSI Unit,

if yes, please give Regn. No. _____

DETAILS OF MAIN OFFICE / FACTORY :

Office : _____ Factory : _____

Address : _____ Address : _____

City : _____ City : _____

State : _____ State : _____

Tel. No. : _____ Tel. No. : _____

Fax No. : _____ Fax No. : _____

Telex : _____ Telex : _____

E-mail : _____ E-mail : _____

BRANCH OFFICE ADDRESSES :

City _____ Pin: _____ City _____ Pin: _____ City _____

State _____ State _____ State _____

Tel.: _____ Tel.: _____ Tel.: _____

Fax : _____ Fax : _____ Fax : _____

Telex : _____ Telex : _____ Telex : _____

E-mail : _____ E-mail : _____ E-mail : _____



EXECUTIVES :

(Give Names and Designations of Senior Executives responsible for purchase, sales, exports etc.)

PRODUCTS MANUFACTURED/TRADED/INDENTED

Name of products	Installed Capacity Tonnes per Year	Name of products	Installed Capacity Tonnes per Year

EXPORTS:

Product Name : _____

MEMBERSHIP OF ASSOCIATIONS

(List associations your company is a member of)

Name _____

Designation : _____

Date : _____

_____ Signature

PROPOSED BY : _____

SECONDED BY : _____

FOR OFFICE USE ONLY

APPLICATION RECEIVED ON _____

ACCEPTED at the Managing Committee Meeting held on _____

MEMBERSHIP NO. ALLOTTED _____

PRESIDENT : _____ HON. SECRETARY : _____