

# MEMBERSHIP FORM

To  
The Hon. Secretary  
ALL INDIA PRINTING INK MFGRS. ASSN LTD.  
307/C, TWIN ARCADE, MILITARY ROAD  
MAROL-MAROSHI, ANDHERI [E]  
MUMBAI - 400 059. Phone: 022-29257454/3907

**Dear Sir,**

Being qualified for election to **Regular Membership/Associate Membership/Affiliate Membership** of the Association and having fully understood the Memorandum and Articles of the Association. I/We do hereby declare and agree that in consideration of the members of the Association so electing us/me to Regular/Associate/Affiliate Membership. I/We will during membership of the Association, in all matters, confirm faithfully and strictly to the Memorandum and Articles of Association, bye-laws, tariffs and regulations of the Association for the time being in force, and will, in all respects, endeavor to further the declared objects of the Association.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2016.

Name : \_\_\_\_\_

Address : \_\_\_\_\_

Name of the Company : \_\_\_\_\_

Address : \_\_\_\_\_

Telephone/Fax/ : \_\_\_\_\_

Email Address : \_\_\_\_\_

Products Range : \_\_\_\_\_

Turnover : \_\_\_\_\_

Name of the Representative : \_\_\_\_\_

Designation : \_\_\_\_\_

Signature of the Applicant : \_\_\_\_\_

Date of Application : \_\_\_\_\_

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(For Office Use)

Membership Accepted/Rejected at  
The Executive Committee Meeting held on \_\_\_\_\_

|   |             |
|---|-------------|
| Admission Fee                                       | : Rs. _____ |
| Membership Fee                                      | : Rs. _____ |
| Service Tax+ Swachh Bharat+Krishi Kalyan Cess @ 15% | : Rs. _____ |
| Total   | : Rs. _____ |

