



PATIALA MANAGEMENT ASSOCIATION

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MEMBERSHIP APPLICATION FORM

For Institutional Members

1. Name of the Institution :

2. Estd. in Year : _____

3. Field of Operation :

4. Address of Regd. Office :

5. Address of Correspondence :

Tel. No. _____

6. Name of Head of the Institution :

7. Name of the person who may be represented in the Executive Committee :

8. Number of Employees : _____

For Professional Members

1. Name :

2. Age :

3. Qualification :

4. Profession :

5. Employer :

6. Address for Correspondence :

7. Tel. No. :

8. Email :

Basic purpose for obtaining Membership: _____

Membership category

Certified that I have read the aims & objectives of the Patiala Management Association and I am interested in becoming its member. The Cheque/Draft No. _____

dated _____ for Rs. _____ as membership fee is enclosed herewith.

Date: _____

Signature
with
Seal in case of Institutional Member