



Gujarat Paint Raw Materials Suppliers Association

MEMBERSHIP APPLICATION FORM

To,
The Secretary,
Gujarat Paint Raw Materials Suppliers Association
49/3, Jagabhai Park, Nr. L.G. Hospital, Maninagar, Ahmedabad - 380 008
(M) 94260 16300 / 9974373600

Dear Sirs,

Please enroll me/us as an ORDINARY / ASSOCIATE member of Gujarat Paint Raw Materials Suppliers Association. I / We agree to abide by the rules and regulations of the Association.

Enclosed please find herewith the Admission fees of Rs, 1100/- and Annual Subscription for 5 years Fees of Rs, 5000/- for Ordinary Membership for the year _____

Yours faithfully,

Date:

(Signature with rubber stamp)

FULL NAME OD CO, (In Capital): _____

Postal Address Factory: _____

Office Address: _____

Phone No: (0) : _____ (F): _____ (R): _____

Fax No: _____ Mobile No : _____

Email : _____ GST No : _____

Proposed by : _____ Seconded by : _____

PARTICULARS

1) Give the name (s) of the Proprietor or Partners / Directors :

2) State date of commencement of business _____

3) Particulars of Products supplied _____

FOR OFFICE USE ONLY

Application received on: _____

Approved at the committee meeting held on: _____

President : _____ Secretary : _____