



9 Podar House, 'A' Road, Churchgate, Mumbai 400 020.  
Tel. :( +91-22) 2204 9698, 2204 7650  
Email: [info@bma-india.com](mailto:info@bma-india.com)

APPLICATION FORM FOR INSTITUTIONAL/CORPORATE MEMBERSHIP

1. Organization \_\_\_\_\_  
Name & Address OF H.O: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Tel. No/s : \_\_\_\_\_ Fax : \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_
3. Name of Head of Organization: \_\_\_\_\_ Designation: \_\_\_\_\_
4. Year of Inception: \_\_\_\_\_ 5: Annual Turn Over (Rs. In Lakhs) \_\_\_\_\_
6. Product/Services Offered: \_\_\_\_\_
7. Total No. Of Employees In: a): Entire Organization \_\_\_\_\_ b) Mumbai Region \*: \_\_\_\_\_
8. Is your organization a member of any other professional bodies? If so please give name: \_\_\_\_\_  
\_\_\_\_\_

9. Number of nominated Representatives of your organization (Refer Note Below)  
(Please fill supplementary form for each representative)

10. Head of Department and Designation of:

Function	Name	Designation	Tel.Nos.	E-mail
HRD/Admin				
Marketing				
Mfg.				
Systems				
Finance				
Any Other				

Notes:

1. Categories:(All Fees Including Service Tax @ 14%+ SB Cess @ 0.5%)

Category	Representative	No. of. Employees in Mumbai Region	Fees(Rs.)		Total Fees
			Entrance (one time)	Annual	
A	2	<500	3435	6870	10305
B	4	501-999	5725	11450	17175
C	6	1000+	8588	17175	25763

(\*Mumbai Region for this purpose includes Greater Mumbai, Thane, Navi Mumbai, Raigad, Ratnagiri and Sindhudurg districts)

TICK MARK ONLY IN THE BOXES PROVIDED AGAINST THE ALTERNATIVE TO EACH QUESTION THIS IS FOR THE PURPOSE OF COMPUTERISED DATA PROCESSING. PLEASE MAKE SURE TO COMPLETE EACH ITEM

Areas of activities where you would like BMA to contribute to BMA:  
 Nature of business of your Organization  
 Areas of activity where your Organization/Professionals  
 Would like to contribute to BMA:  
 Training Programme in

a) Marketing / Sales	<input type="checkbox"/>	1 Manufacturing	<input type="checkbox"/>	1 Faculty in MDP	<input type="checkbox"/>	1
b) Personnel / HRD	<input type="checkbox"/>	2 Marketing / Sales	<input type="checkbox"/>	2 Short term training Programme	<input type="checkbox"/>	2
c) Information Technology	<input type="checkbox"/>	3 Banking Services	<input type="checkbox"/>	3 Making Available Conference Halls for BMA	<input type="checkbox"/>	3
d) Financial Management	<input type="checkbox"/>	4 Public Utility Services	<input type="checkbox"/>	4 Arranging Plant Visits	<input type="checkbox"/>	4
e) Project Management	<input type="checkbox"/>	5 Consultancy	<input type="checkbox"/>	5 Providing Mgmt. Devt. Films	<input type="checkbox"/>	5
f) MDP	<input type="checkbox"/>	6 Defense	<input type="checkbox"/>	6 Providing Case Study Material	<input type="checkbox"/>	6
g) Quality Systems	<input type="checkbox"/>	7 Airline / Hotel / Travel	<input type="checkbox"/>	7 Co-operation in Research work	<input type="checkbox"/>	7
h) Management Education	<input type="checkbox"/>	8 Architecture / Construction	<input type="checkbox"/>	8 Advt., Articles, Sponsorship	<input type="checkbox"/>	8
<b>Type of Organization</b>		IT / ITES	<input type="checkbox"/>	9 Providing speakers/faculties	<input type="checkbox"/>	9
Government	<input type="checkbox"/>	1 Education / R & D	<input type="checkbox"/>	10 Jury Member for Competitions	<input type="checkbox"/>	10
Public Limited	<input type="checkbox"/>	2 Printing / Publishing	<input type="checkbox"/>	11 Others (Specify)	<input type="checkbox"/>	11
Private Limited	<input type="checkbox"/>	3 Electronics & Telecom	<input type="checkbox"/>	12		
Partnership firm	<input type="checkbox"/>	4 Logistics	<input type="checkbox"/>	13		
Proprietary firm	<input type="checkbox"/>	5 Others (Specify)	<input type="checkbox"/>	14		
Defence Services	<input type="checkbox"/>	6				
Multinationals	<input type="checkbox"/>	7				
Small and Medium Enterprises	<input type="checkbox"/>	8				
Other (Specify)	<input type="checkbox"/>	9				

Recommended by-(To be signed by two BMA members to whom the new member is know)		
Applicants		
Name (In Block Letters)	Membership No.	Signature
1. _____	_____	_____
2. _____	_____	_____

We declare that the statement made herein is correct to the best of our knowledge & belief and that we agree to be governed by the rules and regulations of the Bombay Management Association as they now exist and as they may hereafter be amended. We attach herewith a copy of our latest annual report and organization profile.

For and on behalf of

Signed  
 Name (in block letters)

Company Seal

Date

Documents Required:

- (a) A Copy of latest Annual Report
- (b) A Copy of Organization Profile

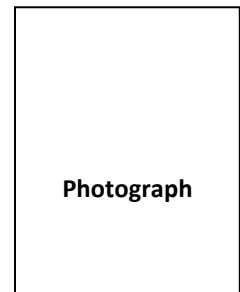
(for office use only)	
Payment particulars: CQ/D.D.No. _____/Cash	
Amount Rs. _____ Date of Issue _____	
Issuing Bank _____	
a. Entrance Fee Rs. _____ Receipt No. _____ Date _____	
b. Subscription fee Rs. _____ Receipt No. _____ Date _____	
Cheque /D.D. to be made in favor of "BOMBAY MANAGEMENT ASSOCIATION"	

P.S.: Please forward his application to BMA along with Cheque/DD/Cash for the amount as applicable



BOMBAY  
MANAGEMENT  
ASSOCIATION

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Photograph

SUPPLEMENTARY FORM FOR INSTITUTIONAL/CORPORATE MEMBERSHIP  
(To be filled by nominated representatives. Please make copies as per the requirement.)

Name (in capital letters only) : \_\_\_\_\_  
(Mr. /Mrs.) \_\_ (SURNAME) (NAME) (MIDDLE NAME)

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

Tel Nos. Resi.Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Gender  Male  Female

Marital Status  Single  Married Date of Marriage: \_\_\_\_\_

Name of Spouse : \_\_\_\_\_

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

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

Tel.Nos. - Board: \_\_\_\_\_ Direct: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Mailing Address :  Home  Office / Institute  
(Please tick the correct Choice)

Membership of other professional bodies : \_\_\_\_\_

Area of job specialization  
General Management :

Financial Management :

Material Management :

Marketing Management :

Production Management :

HRD :

IT Office Management :

Other (Specify) :

Date: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_

P.S.: Please attach this form with the main application form.

For more information on BMA please log on to our website [www.bma-india.com](http://www.bma-india.com)