BOMBAY MANAGEMENT ASSOCIATION

9 Podar House, 'A' Road, Churchgate, Mumbai 400 020.
Tel : +91 22 22049698, 22047650 Email: info@bma-india.com, Website: www.bma-india.com

APPLICATION FORM FOR CORPORATE MEMBERSHIP

1. Organization Name & Address:_____

_____

_____

Tel. No/s: _____Website:_____

Email/s: _____

2. Name of Head of Organization: _____ Designation: _____

3. 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 name them: _____

_____

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

10. Head of Department and Designation:

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

Annual Membership Fees: For more information on BMA please log on to our website www.bma-india.com

Cheques / D.D.to be made in favor of "BOMBAY MANAGEMENT ASSOCIATION"

Categories: (All Fees are including GST Tax @ 18%)

Category	Representative	No. of. Employees in Mumbai Region	Entrance Fees (One time)	Annual	Total Fees (Rs.) For the 1st year only
A	1	Below 50 employees	3540	8496	12036
B	2	Between 51 and 500 employees	5900	12980	18880
C	4	Above 501 employees	8850	19470	28320

(*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 conduct Training Programme in:

a)	Marketing / Sales	1
b)	Personnel / HRD	2
c)	Information Technology	3
d)	Financial Management	4
e)	Project Management	5
f)	MDP	6
g)	Quality Systems	7
h)	Management Education	8

Type of Organization

Government	1
Public Limited	2
Private Limited	3
Partnership firm	4
Proprietary firm	5
Defence Services	6
Multinational	7
Small and Medium Enterprises	8
Other (Specify)	9

Nature of business of your Organization/Profession

Manufacturing	1
Marketing / Sales	2
Banking Services	3
Public Utility Services	4
Consultancy	5
Defense	6
Airline / Hotel / Travel	7
Architecture / Construction	8
IT / ITES	9
Education / R & D	10
Printing / Publishing	11
Electronics & Telecom	12
Logistics	13
Others (Specify)	14

Areas of activity where yourOrganization would like to contribute to BMA:

Faculty in MDP	1
Short term training Programme	2
Making Available Conference Halls for BMA	3
Arranging Plant Visits	4
Providing Mgmt. Devt. Films	5
Providing Case Study Material	6
Co-operation in Research work	7
Advt., Articles, Sponsorship	8
Providing speakers/faculties	9
Jury Member for Competitions	10
Others (Specify)	11

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 / organization profile.

For and on behalf of (Name in block letters): _____

Date: _____

Company Seal:
Signed: _____

Please forward this application to BMA along with Cheque/DD/Cash for the amount as applicable

Recommended by: (To be signed by two Life / Individual BMA Members to whom the new member applicant is known)

Name (In Block Letters)	**Membership No.**	**Signature**
1. _____	_____	_____
2. _____	_____	_____

For office use only
Payment Particulars: Cash / Cheque / D.D. No. ——————— Amount Rs. ——————— Date of issue ————————

Issuing Bank ——

Entrance Fee Rs. ————— Receipt No: ————Date: ———- b. Subscription Fee Rs. ————— Receipt No. ———— Date: ————

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Photograph

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

Name (in capital letters only): Mr. / Mrs. / Ms. _____

Home Address: _____

_____

Tel: _____ Mobile: _____ E-mail: _____

Date of Birth (Please attach any KYC document): D / M / Y _____ Marriage Anniversary: _____

Organization Name &Address: _____

_____

Tel: _____Email: _____Website: _____

Designation/Undergoing Course: _____

Department: _____Preferred Mailing Address: Home ☐ Office ☐

Membership of other professional bodies: _____

_____

Name of Spouse: _____ Date of Birth _____

Area of job specialization

General Management: ☐ Financial Management: ☐ Operations Management: ☐ Marketing Management: ☐

Production Management: ☐ HRD: ☐ Personnel: ☐ Systems Management: ☐ Others (Specify): ☐

Areas of Special Interest (Please specify): _____

How can BMA be of help to you:_____

Any additional information:_____ _____

Would you like to contribute to BMA? If yes, how: _____

The details given above in this application are true to the best of our knowledge and records

Date: _____ Representative's Signature: _____

(Please attach this form with the main application form, along with a copy of your KYC and brief bio-data)

For more information on BMA please log on to our website www.bma-india.com