



Poona Electric & Electronics Association, Pune

627B, Budhwar Peth, Peea House, Bedekar Sadan, 3rd Floor, Pune - 411002. Tel : 020-66029699
Email : peeapune1@gmail.com Website : www.peeapune.org

Affiliated to
● The Federation of All India Electric Traders Associations ● The Federation of Trade Associations of Pune
● The Maharashtra Chamber of Commerce, Industries & Agriculture, Pune

LIFE MEMBERSHIP APPLICATION FORM

To,
The Secretary,
Poona Electric & Electronics Association,
Pune - 411002.

Date :

Dear Sir,
I/We hereby apply for the Life Member of your Association.

(Fill the form in BLOCK LETTERS only)

1. NAME OF THE FIRM							
2. ADDRESS							
	PIN						
3. TEL NOS.	Off :			Resi. :			
	Mobile :			Fax :			
	E-mail ID :			Website :			
4. DATE OF ESTMT.							
5. VAT REG NO.							
6. CST REG NO.							
7. OTHER REG NO.							
7. BANKERS NAME							
8. MODE OF BUSINESS							
9. DEALING IN PRODUCTS/SEVICES							

I/We are enclosing herewith amount of **Rs. 8,000/-** being the **Entrance Fee Rs. 500/-** and **Life Membership Fee Rs.10000/-**.
I/ We shall notify in writing whenever there may be any change in information given below by us. I/ We agree to obey all Rules/ Regulations made by the Association from time to time.

Your's Faithfully,

MODE OF PAYMENT	CASH	DD	CHEQUE
INSTRUMENT NO.			
BANK & BRANCH			

Signature/s of the Applicant under-marked by date
(Person in charge)

Name of the person	
Designation / Status	

Affix rubber stamp of the firm

Proposer's Name :	
Firm's Name & Address Or Rubber Stamp	

Signature of the proposer
(With date under-marked)

Administrative Information of Member

MEMBERSHIP NO.

NAME OF THE FIRM

STATUS ☐ PROPRIETARY ☐ PARTNERSHIP ☐ PVT. TD. ☐ OTHER

WORKING HOURS WEEKLY OFF

NAME & DETAILS OF PROPRIETOR / PARTNERS / DIRECTOR / CONTROLLERS

(The person in the first will be considered as key person for all communications)

1.

Mr./Mrs./Ms.

First Name

Middle Name

Surname

RESI. ADDRESS

PIN

TEL NOS. : RESI.

MOBILE

DATE OF BIRTH

BLOOD GROUP

PANCARD NO.

2.

Mr./Mrs./Ms.

First Name

Middle Name

Surname

RESI. ADDRESS

PIN

TEL NOS. : RESI.

MOBILE

DATE OF BIRTH

BLOOD GROUP

PANCARD NO.

3.

Mr./Mrs./Ms.

First Name

Middle Name

Surname

RESI. ADDRESS

PIN

TEL NOS. : RESI.

MOBILE

DATE OF BIRTH

BLOOD GROUP

PANCARD NO.

4.

Mr./Mrs./Ms.

First Name

Middle Name

Surname

RESI. ADDRESS

PIN

TEL NOS. : RESI.

MOBILE

DATE OF BIRTH

BLOOD GROUP

PANCARD NO.

In case of a private limited organisation, please attach a sheet having board of directors & photocopy of registration.
The above information is correct & will be notified if any change occurs.

1. _____ 2. _____ 3. _____ 4. _____
Signature Signature Signature Signature

For office use only

The application is ACCEPTED / REJECTED by the managing committee on

MEMBERSHIP NO.

Date : President