

**LED Product Manufacturers Association**

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Regd. office: Plot no. - 192/B, Phase - II,  
IDA, Cherlapally, Hyderabad-500051  
Email: secretary@ledma.in  
www.ledma.in

**MEMBERSHIP FORM****Year 14-15**

1. Name of the Applicant: \_\_\_\_\_
2. Designation : \_\_\_\_\_
3. Name of the firm : \_\_\_\_\_
4. Address : \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. : \_\_\_\_\_ Fax No. \_\_\_\_\_  
Mobile No. : \_\_\_\_\_  
E-mail : \_\_\_\_\_  
Website : \_\_\_\_\_
5. Nature of Business : \_\_\_\_\_
6. Company Registration No. : \_\_\_\_\_ SSI Registration No. : \_\_\_\_\_
7. Sales-tax Registration No. : \_\_\_\_\_ Income-tax PAN No. : \_\_\_\_\_
8. No. of employees : \_\_\_\_\_
9. Turnover for the last 3 years : Year 2011-12 \_\_\_\_\_ Year 2012-13 \_\_\_\_\_ Year 2013-14 \_\_\_\_\_
10. If you are member of similar association, please mention name: \_\_\_\_\_
11. **Member's Categories & Fees**

|  |                  |
|--|------------------|
| <input type="checkbox"/> Fellow Members - Manufacturer/ Product Supplier           | Annual Fees(Rs.) |
| <input type="checkbox"/> Annual Turnover 0 to 5 cr                                 | 10,000           |
| <input type="checkbox"/> Annual Turnover 5cr to 10cr                               | 25,000           |
| <input type="checkbox"/> Annual Turnover Above 10cr                                | 50,000           |
| <input type="checkbox"/> Associate Members   |                  |
| <input type="checkbox"/> Architect/ Energy Auditor/Consultant/Service Organization | 10,000           |
| <input type="checkbox"/> Developer/Builder/Promoter/Auto Manufacturer              | 10,000           |
| <input type="checkbox"/> Student Member  | 1,000            |
| <input type="checkbox"/> Institution & Non-Profit Organization                     | Exempt           |

Cheque / DD may kindly be drawn in favor of "LED Product Manufacturers Association"  
(Online remittance can be made to our SBP Account No. MCA 65041480199 and IFS through code no. STBP0000489)  
We hereby give our consent to abide by the rules & regulations of LEDMA.

Name : \_\_\_\_\_ Signature & Seal \_\_\_\_\_ Date : \_\_\_\_\_

**APPROVAL BY THE MEMBER COMMITTEE**

The proposed application was presented before the Membership Committee Meeting held at \_\_\_\_\_  
\_\_\_\_\_ on \_\_\_\_\_ and the same was APPROVED / NOT APPROVED for LEDMA Membership.

**SECRETARY****PRESIDENT**

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