



NAG VIDARBHA CHAMBER OF COMMERCE

Behind IDBI Bank, Plot No.2, Gazetted Colony, Co-op Society, Near Rashaning Office, Museum Road, Civil Lines, Nagpur-440001 Tel : 0712-2522434, 7447446200 Email: nvccnag@yahoo.com, website : <http://nvccnagpur.org>

MEMBERSHIP APPLICATION FORM (ASSOCIATION)

DT : / /
Hon. Secretary,
Behind IDBI Bank, Plot No.2, Gazetted Colony,
Co-op Society, Near Rashaning Office,
Museum Road, Civil Lines, Nagpur-440001

Dear Sir,

Our Trade Association desires to become of Nag Vidarbha Chamber of Commerce.

We agree with the objects of Nag Vidarbha Chamber of Commerce and will abide by the Rules and Regulations of the Chamber. We are enclosing herewith Cheque. No.----

_____ of- _____ for Rs. _____

-----favoring Chamber towards membership fees for the year-----

ADMISSION FEES	ANNUAL SUSCRPTION	GST @18%	Total
Rs. 3,000/-	Rs. 715/-	Rs. 669/-	Rs. 4383/-

The detailed information is enclosed herewith in the format given by you.

Yours faithfully,

(Signature & Designation with Seal)

Title of Membership

Name of the Trade Association : _____

Proposed by : _____

(Name: _____)

Seconded by : _____

(Name: _____)

(Only Chamber's Member can be proposer /seconded)

(FOR OFFICE USE)

Accepted by Executive Committee at its meeting on DT : / /

(HON. SECRETARY)

(PRESIDENT)

Membership Fee MR. NO. _____ DT : _____

Membership No. : _____

Period : FROM _____ TO _____

MEMBERSHIP DETAILS OF TRADE ASSOCIATION

Membership No. _____

Name : _____

Address : _____

: _____

: _____

City : _____

Established In : _____ Off. No. _____

Fax No. _____ Mob. No. _____ Email.ID _____

Representation in which Trade : _____

Area of Membership : Nagpur/Vidarbha/Maharashtra/ -----(Other).

Total Membership in year 20-- -20-- : _____

Official Year : From _____ - _____ To _____

Office Bearers Details (For Years _____)

NAME

PH.NO. MOB. NO.

PRESIDENT

VICE-PRESIDENT (I)

VICE-PRESIDENT (II)

HON. SECRETARY HON.

JT. SECRETARY (I)

HON. JT. SECRETARY (II)

TREASURER

NAME

PH.NO. MOB. NO.

Name of Representative: 1) _____

2) _____

Weekly Market On : _____ Day.

Weekly Closed on : _____ Day.

DT: / /

(AUTHORISED SIGNATURE)

Enclosure:

- 1) Copy of Pan Card (Association/office bearer)
- 2) Address Proof (Electric/ Telephone Bill)
- 3) Cheque should be drawn in favour of NAG VIDARBHA CHMABER OF COMMERCE
- 4) Copy of Estt. Registration/
- 5) Copy Bank passbook
- 5) Copy of GST Registration