



## APPLICATION FORM FOR KREEPA MEMBERSHIP

1	Name of the Organization/Institution	
2	Address of Registered Office	
3	Address for Correspondence	
4	Phone Number :	Fax Number :
5	E Mail :	Web Site :
6	Contact Person :	Designation :
7	Area of Interest	
8	Nature of Business / Activity:  Manufacturer / Dealer / Agent / NGO / Institution Others (Pl specify)	Year of Incorporation :
9	Type of Membership Applied for :	Honorary / Life / Ordinary
10	Membership in other similar bodies, if any:	
11	Additional information, if any :	

### DECLARATION

We hereby declare that the information provided are true to the best of our belief and knowledge. We have read the bye laws of the association and agree to abide by the rules and regulations of the bye law of the association, and as amended from time to time.

Place :

Date :

(Authorised Signatory)

FOR OFFICE USE ONLY

Type of Membership

Details of payment