

**MEMBERSHIP APPLICATION FORM**

To  
The General Secretary,  
Ludhiana Machine Tool Manufacturers Association,  
Correspondence at: #1208, GT Road, Dhandari Kalan,  
Ludhiana-141014 (PB.) India

Date:

Dear Sir,

I/We wish to enroll as member of the Ludhiana Machine Tool Manufacturers Association in following category:

FILL THE FORM IN CAPITAL LETTERS ONLY:

Name of Unit:		ESTD. YEAR:
Name of Authorized Person:		
Address of Office:		
		PIN:
Address of Works:		
		PIN:
Mob:*	Fax:	Tel:
E-mail*		
Nature of Work:		
PAN No.	VAT Regn. No.	
EM No./ Udyog Aadhar (as attached copy of EM (SSI) Certificate):		
Our Unit is Sole-Proprietary <input type="checkbox"/> Partnership <input type="checkbox"/> Pvt. Ltd. <input type="checkbox"/> Ltd. <input type="checkbox"/> Oth. <input type="checkbox"/>		
If Other, then specify:		
One Time Subscription (New Membership) : Rs. 1000/- <input type="text"/>		
Annual Fees : Rs. 1500/- <input type="text"/>		
Memberships in other Associations, if any:		

I/We have enclosed our cheque/ D.D. No. \_\_\_\_\_ Dated: \_\_\_\_\_ Drawn on Bank Namely \_\_\_\_\_ payable at Ludhiana towards entrance & Subscription Fees for the current Financial Year. I agree by with articles of Memorandum of Ludhiana Machine Tool Manufacturers Association.

For **Ludhiana Machine Tool Manufacturers Association**



**Stamp & Signatures of Applicant Unit**

Director

General Secretary

**Note: Acceptance of Membership is the sole pleasure of LMTMA.**

**FOR OFFICE USE ONLY**

Member Recommended by:.....

Decision .....Membership Type.....

Approved By General Secretary:.....Passed By Director(BOD).....

Membership Number:.....Date:.....