Bombay Management Association

9 Podar House, 'A' Road, Churchgate, Mumbai 400 020.
Tel.: (+91-22) 2204 9698, 2204 7650, Fax: (+91-22) 2202 4743
Email: bma@hathway.com, bombay.management@gmail.com

PHOTOGRAPH

APPLICATION FORM FOR MEMBERSHIP

Category Applied for (Please tick the correct choice) : ☐ Life ☐ Individual ☐ Student ☐ Institutional Student (ISM)

Name (in Capital letters only) :

(Mr./Mrs.) (SURNAME) (NAME) (MIDDLE NAME)

Home Address :

PIN

Tel. Nos. : Tel. : _____ Mobile : _____

Fax : _____ E-mail : _____

Date of Birth : ☐☐ Day ☐☐ Month ☐☐☐☐ Year

Gender : ☐ Male ☐ Female

Marital Status : ☐ Married ☐ Single Marriage Anniversary : _____

Name of Spouse : _____

Organization / Institute's Name & Address :

PIN

Tel. : _____ Fax : _____

Email : _____ Website : _____

Designation / Undergoing Course : _____

Department : _____

Preferred Mailing Address
(Please tick the correct choice) : ☐ Home ☐ Office / Institute

Membership of other professional bodies : _____

Area of special interest, please specify : _____

How can BMA be of help to you : _____

Any additional information : _____

Would you like to contribute to BMA? If yes, how : _____

Date : _____

The details given above in this application are true to the best of our knowledge and records (applicable for Student / ISM)

Applicant's Signature : _____

Signature with Institute Seal
(To be signed by immediate Superior / Head of Inst.)

(For Office Use Only)

Payment Particulars: CQ. / D.D. No. _____ / Cash

Amount Rs. _____ Date of Issue _____

Issuing Bank _____

a. Entrance Fee Rs. _____ Receipt No. _____ Date : _____

b. Subscription Fee Rs. _____ Receipt No. _____ Date : _____

Cheques / D.D. to be made in favour of 'BOMBAY MANAGEMENT ASSOCIATION'

For more information on BMA please log on to our website **www. bma-india.com**