

TICK MARK ONLY IN THE BOXES PROVIDED AGAINST THE ALTERNATIVE TO EACH QUESTION. THIS IS FOR THE PURPOSE OF COMPUTERISED DATA PROCESSING. PLEASE MAKE SURE TO COMPLETE EACH ITEM.

Areas of activities where you would like BMA to contribute

Nature of business of your Organization

Areas of activity where your Organisation / Professionals would like to contribute to BMA:

Training Programme in					
a) Marketing / Sales	<input type="checkbox"/>	1	Manufacturing	<input type="checkbox"/>	1
b) Personnel / HRD	<input type="checkbox"/>	2	Marketing / Sales	<input type="checkbox"/>	2
c) Information Technology	<input type="checkbox"/>	3	Banking Services	<input type="checkbox"/>	3
d) Financial Management	<input type="checkbox"/>	4	Public Utility Services	<input type="checkbox"/>	4
e) Project Management	<input type="checkbox"/>	5	Consultancy	<input type="checkbox"/>	5
f) Management Development Programme	<input type="checkbox"/>	6	Defense	<input type="checkbox"/>	6
g) Quality Systems	<input type="checkbox"/>	7	Airline / Hotel / Travel	<input type="checkbox"/>	7
h) Management Education	<input type="checkbox"/>	8	Architecture / Construction	<input type="checkbox"/>	8
			IT / ITES	<input type="checkbox"/>	9
			Education / R & D	<input type="checkbox"/>	10
			Printing / Publishing	<input type="checkbox"/>	11
			Electronics & Telecommunication	<input type="checkbox"/>	12
			Logistics	<input type="checkbox"/>	13
			Others (Specify)	<input type="checkbox"/>	14

Type of Organisation					
Government	<input type="checkbox"/>	1	Education / R & D	<input type="checkbox"/>	10
Public	<input type="checkbox"/>	2	Printing / Publishing	<input type="checkbox"/>	11
Private	<input type="checkbox"/>	3	Electronics & Telecommunication	<input type="checkbox"/>	12
Partnership	<input type="checkbox"/>	4	Logistics	<input type="checkbox"/>	13
Proprietary	<input type="checkbox"/>	5	Others (Specify)	<input type="checkbox"/>	14
Defence Services	<input type="checkbox"/>	6			
Multinationals	<input type="checkbox"/>	7			
Small and Medium Enterprises	<input type="checkbox"/>	8			
Others (Specify)	<input type="checkbox"/>	9			

Recommended by : - (To be signed by two BMA members to whom the new member applicant is known)		
Name (In Block Letters)	Membership No.	Signature
1) _____	_____	_____
2) _____	_____	_____

We declare that the statements made herein are correct to the best of our knowledge & belief and that we agree to be governed by the rules and regulations of the Bombay Management Association as they now exist and as they may hereafter be amended. We attach herewith a copy of our latest Annual Report.

For and on behalf of

Signed

Name (in block letters)

Company Seal

Date

Documents Required:

- (a) A copy of latest Annual Report
- (b) A copy of organisation profile

(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'	

P.S. : Please forward this application to BMA along with Cheque / DD / Cash for the amount as applicable.