



Application Form for Membership

The Secretary General
Associated Chambers of Commerce and Industry of
Uttar Pradesh (Assocham U.P.)
2/302, Vikas Khand, Gomti Nagar,
Lucknow-226 010

Dear Sir,

We hereby apply to get ourselves enrolled as Life /Patron /Associate/Affiliated Member of the AssochamU.P.

We have read the Memorandum and Articles of Association of the Chamber and shall abide by all the existing rules and regulations and also by those that may be passed in future by the Managing Committee or the General Body of the Chamber.

A cheque/Demand Draft No. dated for Rs.....on account of Admission fee (Rs1000/-) and Annual Subscription Rs..... for the year 2012-2013 is enclosed.

Dated

Name of the Bankers

Name

Address

Proposed by

Signature

Seconded by

(with rubber stamp)

1- Class of Membership

Life /Patron/Associate /Affiliated

2- Address to be registered

.....

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3- Nature of Business

.....

4- Paid up Capital

5- Annual Turn Over

(In case of Companies)

(Approx)

6- Name of the representative (in BLOCK letters)

7- Fax No..... Mob.NosTel.Nos..... (O)(R)

E-mail Address

STDCode.....

TO BE FILLED BY OFFICE

Date of Managing Committee Meeting in which admitted

Membership No.....

Secretary General

Please draw Cheque / DD in Favour of Associated Chamber of Commerce and Industry of U.P.