



# Indian Institute of Materials Management

Plot No. 102-104, Sector-15, Institutional Area, CBD Belapur, Navi Mumbai-400614  
Tel: 022-27561754, 27565831, Fax: 022-27565592, email: [iimnhq@mtnl.net.in](mailto:iimnhq@mtnl.net.in)

## INDIVIDUAL MEMBERSHIP

Name \_\_\_\_\_ Sex:  Male  Female  
 Designation \_\_\_\_\_  
 Name of Organization \_\_\_\_\_  
 Office Address \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone/s \_\_\_\_\_ Fax: \_\_\_\_\_ email \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone/s \_\_\_\_\_ Fax: \_\_\_\_\_ email \_\_\_\_\_  
 Educational Qualification \_\_\_\_\_  
 Work Experience (Start with present position) (Please attach separate sheet where necessary)

Date From	To	Position	Company held	Reporting to

Membership of any other Professional organization \_\_\_\_\_

Your Blood Group \_\_\_\_\_  
 Your Date of Birth \_\_\_\_\_  
 Where will you like to receive the IIMM mail:  Office  Home

### UNDERTAKING

I wish to apply for membership of the institute with appropriate status.  
 I certify that all information supplied in the application is true and correct.

\_\_\_\_\_  
**Applicant's Signature**

Date: \_\_\_\_\_

### REFERENCE

It is required that referees should be executive of firm including your immediate senior (not relative) who have a personal knowledge of the candidate. They must have actual knowledge of our responsibilities and one of them should be member of IIMM.

Signature 1st Referee \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Designation \_\_\_\_\_  
 Company \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Dated: \_\_\_\_\_

Signature 2<sup>nd</sup> Referee \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Designation \_\_\_\_\_  
 Company \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Dated: \_\_\_\_\_

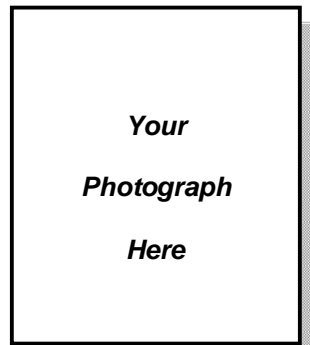
## SERVICING BRANCH

No. \_\_\_\_\_  
 \_\_\_\_\_

For office use only

### Membership Category

- Life Member
- Full Member
- Associate Member

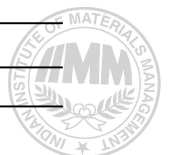


## INDIVIDUAL FEES

	Entrance Fees (Rs.)	Annual Subscription (Rs.)
Life Member	500/-	10000/- (One Time)
Member	500/-	750/-
Associate	500/-	500/-

## REMITTANCE DETAIL

I certify that all information is true and correct. I hereby enclose my Annual Subscription and Membership Fees of Rs. .... By way of Cheque / Demand Draft No. .... dt. .... drawn in favour of "Indian Institute of Materials Management" payable at .....



**BRANCH CHAIRMAN**