

INSTITUTIONAL MEMBERSHIP

Name of Organization _____

Address _____

Telephone/s _____ Fax _____ email _____

Name of C.E.O. _____

Nature of Institution Public Limited Private Limited Proprietary NGD

Government Same Government Training/Educational

Nature of Business _____

Other Professional Membership _____

Please nominate names of 2 Representatives of the institute who will be represented in IIMM

(One in case of small scale industry)

1. Name _____ Designation _____

2. Name _____ Designation _____

Date : _____

Applicant's Signature

INSTITUTIONAL MEMBER FEES (RS.)

	Entrance Fees (Rs.)	Annual Subscription (Rs.)
Institute Large Scale	1000/-	6000/-
Institute Small Scale	500/-	2500/-

REFERENCES

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 _____ Signature 2nd Referee _____

Name : _____ Name : _____

Designation : _____ Designation : _____

Company : _____ Company : _____

Phone : _____ Phone : _____

Dated : _____ Dated : _____

SERVICING BRANCH

No.

For Office Use Only

Membership Category

Institutional Large Member

Institutional Small Scale Member

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/D.Draft _____ dated _____

drawn in favour of 'Indian Institute of Materials Management payable at _____

OFFICE USE

Recommendation of the Branch Committee

Branch Chairman

For Branch Office

Name of Referee Member : _____

Membership Number of Referee _____

Copy forwarded to NHO on _____

Reference _____

Date _____

Branch Secretary

For NHO

Application received from branch on _____

Membership Number allotted _____

Membership kit sent on _____

Date _____

Director General

