

MEMBERSHIP APPLICATION FORM

INDIVIDUAL

For Office Use Only

Professional
Student

GOA MANAGEMENT ASSOCIATION

OS/10, FACILITY BLOCK,
SAPANA GARDENS, CHOGM ROAD,
ALTO PORVORIM GOA - 403 521
TEL: 2411538
EMAIL: office@gmagoa.com

DATE :

Dear Sirs,

I desire to become an Individual *Professional / Student* Member of the GMA and accordingly I provide the required particulars on this membership application form.

I have read the Memorandum and Rules & Regulations of the Association and agree to abide by the same.

I enclose entrance fee of Rs. _____ and **Annual / Life** membership fee of Rs _____ .

I agree that the Executive Committee's decision on my application shall be final and binding.

Yours faithfully,

Signature _____

PLEASE FILL DATA IN BLOCK LETTERS. Use Additional Paper If Required

Full postal address for correspondence (Pleas notified to GMA Office any change in future in writing)

Phone: (O) _____ (R) _____ (M) _____

Email ID _____

1. Name Mr/ Ms. _____

2. Date of birth _____

3. Academic qualifications _____

4. Professional qualifications and Membership _____

5. Please give details of articles published, papers presented & lectures delivered. _____

6. Previous experience _____

7. Details of countries visited and purpose of visit. _____

8. Details of present assignment :
Position held: _____
Name of Company / Organisation and Address: _____

Nature of business: _____

Nature of work _____

9. Field of special interest [Please check(✓)]

<input type="checkbox"/>	General Management	<input type="checkbox"/>	Marketing Management
<input type="checkbox"/>	Financial Management	<input type="checkbox"/>	Personnel Management
<input type="checkbox"/>	Materials Management	<input type="checkbox"/>	Office Management
<input type="checkbox"/>	Production Management	<input type="checkbox"/>	Any other _____

10. Recommended by: (To be signed by two Individual or nominated institutional members of GMA known to you)

Signature _____ Signature _____

Name Name
(In Block Capitals) (In Block Capitals)

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Fee Received Entrance Fees Rs. _____
Annual subscription for the year _____ Rs. _____
OR Life subscription Rs. _____

Remarks _____

Date of Approval by EC _____

Chairman: Executive Committee