

MEMBERSHIP FORM

(To be completed and sent to the EEMA Office along with supporting documents and cheques / DD in favour of
Event & Entertainment Management Association)

Name of Company			
Type of Membership (Please Tick)	<input type="checkbox"/> Platinum	<input type="checkbox"/> Gold	<input type="checkbox"/> Silver <input type="checkbox"/> Associate <input type="checkbox"/> Star <input type="checkbox"/> Club
Functional Area of the Company			
Zone (E/W/N/S)			
Name of all Directors, Mobile, Email			
Nominated Representative Director			
Email-id			
Mobile Number			
Company Landline Number			
Company Address			
Branches in India & Abroad			
Date of Incorporation			
GST Number			
Service Tax Registration Number			
Annual Turnover (Last Financial Yr)			
Annual Turnover (Year before last)			
Details of I.D. Proof Submitted			
Details of Address Proof Submitted			
Registration Fee Details	Amount _____ (in words) _____ Cheque No. _____ Dated _____ Drawn On _____		
Annual Fee Details	Amount _____ (in words) _____ Cheque No. _____ Dated _____ Drawn On _____		
Proposed By (EEMA Member)	1.		
	2.		
I declare that all the details mentioned in the form and the supporting documents provided by us for the membership of EEMA are accurate and any discrepancy found in the same, could result in strict action by EEMA to the extent of termination of my membership with no refund obligations from EEMA. I have read the terms and conditions of EEMA on the website and agree to abide by the rules and regulations laid down by the association, which are subject to change from time to time.		Signature of Applicant Representative with Company Stamp	
Date of Registration with EEMA (Office use only)			
Membership Registration No. Allotted (Office use only)			

Forwarded By:
Operations Manager EEMA

Authorised By:
Director General

Authorised By:
General Secretary

Authorized By:
Treasurer

