



APPLICATION FOR MEMBERSHIP

From ----- ----- ----- -----	INDIAN PRINTED CIRCUIT ASSOCIATION® 2711, 2 nd Main, HAL 3 rd Stage, New Thippasandra, Bangalore - 560 075 Tel: +91 80 2521 0109, +91 80 2521 0309 Fax: +91 80 2528 2288 email: ipca@ipcaindia.org Website: www.ipcaindia.org
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We desire to be enrolled as a member of Indian Printed Circuit Association.

We have read the Constitution and we agree to abide by the By-laws of the Association.

We enclose herewith a Cheque/Draft No. Dated for

₹. (Rupees

..... only) drawn in favour of Indian Printed Circuit Association.

DETAILS OF SUBSCRIPTION:

I) ADMISSION FEE: ₹ 2,000/-

II) ANNUAL APPROVED SUBSCRIPTION RATES

- | | | | |
|--------------------------|------------------|-------------------------------|------------|
| <input type="checkbox"/> | Turnover between | ₹ 0 & below 5 Crores | ₹ 5,000/- |
| <input type="checkbox"/> | Turnover between | ₹ 5 Crores & below 10 Crores | ₹ 10,000/- |
| <input type="checkbox"/> | Turnover between | ₹ 10 Crores & below 25 Crores | ₹ 20,000/- |
| <input type="checkbox"/> | Turnover between | ₹ 25 Crores & above | ₹ 30,000/- |

Individual Members ₹ 5,000/-

(Please indicate your turnover with sign against one of the appropriate slabs given above)

III) One-time Contribution towards Building Fund for IPCA Secretariat: ₹ 2,500/-

IV) Bank charges for outstation cheques: ₹ 100/-

V) Service Tax is as applicable

- Mandatory data sharing for all members
- There is ONLY ONE membership and there is no segregation of members into different categories as has been there previously as Corporate, Associate, etc.
- All the members are one and the same and they have equal rights and they are eligible for one vote each representing the company

TO BE FILLED BY THE ASSOCIATION

Received on

Receipt No. Date:

Membership approved / not approved on

Certificate of membership issued on

.....

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Membership No.

Secretary - IPCA

PARTICULARS OF MEMBERSHIP

1. Name of the Firm / Institution :
2. Address :
- City: State:
- Zipcode: Country:
3. Branch Address: :
- (in Bangalore, if any) :
4. Telephone No. :
5. Mobile No. :
6. Fax No. :
7. email id :
8. Website :
9. Nature of business :
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10. Status of the Firm / Institution: Govt. / P.S.U. / Private / Others
11. Turnover of the Firm / Institution:
12. Whether registered with any Govt. body: SIA / DGTD / SSI / Others, please specify
13. Member of any other Professional Organisation / Association: Yes / No
If yes, please specify name of Organisation & Membership No.:
14. Firm / Institution Details:
Name(s) of Proprietor(s) / Director(s) / Chief Executive:
- Authorised Representatives:
 - i. Principal Member
Name :
 - Designation :
 - email id :
 - ii. Alternate Member
Name :
 - Designation :
 - email id :
15. References (Mandatory)
 - i. Name: Contact No.:
 - ii. Name: Contact No.:

Signature of Representatives

Signature of the Authorised Person
with Company's seal