

# THRISSUR MANAGEMENT ASSOCIATION



(Affiliated to All India Management Association – AIMA) www.trichurmanagementassociation.com

Reg No. TSR/TC/252/2014 GST Number 32AADAT8766A1ZK 7/344/19, Surya Gramam, East Fort, Thrissur- 680005, Kerala Phone: (+91) 9895760505, Email: <a href="mailto:tma.tcr@gmail.com">tma.tcr@gmail.com</a>

# **MEMBERSHIP APPLICATION FORM**

| Category Applied for (please   | tick or | ne):  |        |       |      |          |      |     |    |      |       |    |                |       |      |       |       |          |     |   |       |
|--|---------|-------|--------|-------|------|----------|------|-----|----|------|-------|----|----------------|-------|------|-------|-------|----------|-----|---|-------|
| LIFE MEMBERSHIP  |         |       |        |       |      |          |      |     |    |      |       |    | (Aff           | ix re | cen  | t pas | spo   | rt siz   | :e  |   |       |
| INDIVIDUAL MEMBERSHIP  |         |       |        |       |      |          |      |     |    |      |       |    | <b>(</b> - ··· |       |      | pho   |       |          |     |   |       |
| INSTITUTION MEMBERSHIP   |         |       |        |       |      |          |      |     |    |      |       |    |                |       |      |       |       |          |     |   |       |
|  |         |       |        |       |      |          |      |     |    |      |       |    |                |       |      |       |       |          |     |   |       |
| (Fill in Capital Letters)  |         |       |        |       |      |          |      |     |    |      |       |    |                |       |      |       |       |          |     |   |       |
| Title (circle applicable ones)   | Ad      | ٧.    | Ar.    | CA    | ١.   | CM       | A.   | CS. | Dı | ·.   | Er.   | Pr | of.            | 0     | ther |       |       |          |     |   |       |
| Applicant Name   |         |       |        |       |      |          |      |     |    |      |       |    |                |       |      |       |       |          |     |   |       |
| Father's / Husbands<br>Name  |         |       |        |       |      |          |      |     |    |      |       |    |                |       |      |       |       |          |     |   |       |
| Residential Address  |         |       |        |       |      |          |      |     |    |      |       |    |                |       |      |       |       |          |     |   |       |
|  |         |       |        |       |      |          |      |     |    |      |       |    |                |       |      |       |       |          |     |   |       |
| Date of Birth  |         | D     | ay     |       |      | Mo       | onth |     |    |      | ⁄ear  |    |                |       | Gen  | der   |       | Ma       | ıle | F | emale |
|  | Prefer  | red r | mailii | ng ad | ldre | SS       |      | Но  | me |      |       |    |                |       |      | O     | ffice | <u>;</u> |     |   |       |
| Academic/Professional<br>Qualifications :<br>(You may annex additional<br>sheets, if required) |         |       |        |       |      |          |      |     |    |      |       |    |                |       |      |       |       |          |     |   |       |
| Current Organization   |         |       |        |       |      |          |      |     |    |      |       |    |                |       |      |       |       |          |     |   |       |
| Name & Address :   |         |       |        |       |      |          |      |     |    |      |       |    |                |       |      |       |       |          |     |   |       |
|  |         |       |        |       |      |          |      |     |    |      |       |    |                |       |      |       |       |          |     |   |       |
|  |         | _     |        |       |      | <u> </u> |      |     |    |      |       |    |                |       |      |       |       |          |     |   |       |
|  | Pin Coo | de    |        |       |      |          |      |     | De | esig | natio | n  |                |       |      |       |       |          |     |   |       |
| Tel Off:   |         |       |        | Re    | s:   |          |      |     |    |      |       |    | Мо             | b:    |      |       |       |          |     |   |       |

#### Past Experience

| Organization                                 | Designation | From | То |
|--|-------------|------|----|
|  |             |      |    |
|  |             |      |    |
|  |             |      |    |
|  |             |      |    |
|  |             |      |    |
|  |             |      |    |
| ou may annex additional sheets, if required) |             | 1    |    |
|  |             |      |    |
|  |             |      |    |
|  |             |      |    |

(AIMA)? If yes, name of LMA ......

## Membership of other Professional Bodies

| Organization Name | Roles Played | No. of years<br>of<br>membership |
|-------------------|--------------|----------------------------------|
|                   |              |                                  |
|                   |              |                                  |
|                   |              |                                  |

(You may annex additional sheets, if required)

### Declaration of the applicant

I declare that the information furnished throughout this application are correct to the best of my knowledge and belief. I agree to be governed by the prevailing bye-laws of the Thrissur Management Association. I further undertake that I will promote the objects of the TMA and maintain high professional standards. I understand that if at any time, I fail to comply with the requirements of TMA with regard to the membership, my membership and associated privileges may be revoked.

| Applicant's signature: | Place:                                 |
|------------------------|--|
|                        | Date:                                  |
|                        |  |
|                        | Introduced by:(Name of the TMA Member) |

Name and Signature of Authorized signatory with Office Seal (For institutional membership only)



## THRISSUR MANAGEMENT ASSOCIATION



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#### INSTRUCTIONS FOR MEMBERSHIP APPLICATION FORM

- Required Documents Please attach copies of the following documents along with the membership application form. Your membership application will be rejected in the absence of these.
  - a) Proof of address Adhar card, passport, bank statement, or telephone bill.
  - b) Proof of age Adhar card, Passport, or other govt. issued forms of ID.
  - c) Degree certificate or Master's Degree certificate.
- 2. The membership application (duly filled and signed), along with required documents may either be emailed to <a href="mailto:tma.tcr@gmail.com">tma.tcr@gmail.com</a> or furnished to the TMA office in hard copy. The TMA membership committee will review your application, and revert to you. If your membership application is approved, you will be requested to pay the membership fee.
- 3. Membership Fee The membership fee for various categories is as below.

| Membership Category                            | Entrance Fee | Subscription  | GST@18%      | Total         |  |
|--|--------------|---------------|--------------|---------------|--|
|  |              | Fee           |              | Amount        |  |
| Life Membership                                | NIL          | Rs. 25,000.00 | Rs. 4,500.00 | Rs. 29,500.00 |  |
| Women Life Membership                          | NIL          | Rs. 15,000.00 | Rs. 2,700.00 | Rs. 17,700.00 |  |
| Individual Membership (Annual subscription)    | Rs. 100      | Rs. 5,000.00  | Rs. 918.00   | Rs. 6,018.00  |  |
| Institutional Membership (Annual subscription) | Rs. 100      | Rs. 10,000.00 | Rs. 1,818.00 | Rs. 11,918.00 |  |

4. **Payment** - The total amount for membership may be either transferred to the following bank account, or paid by furnishing a cheque in the name of "Thrissur Management Association" to the TMA office.

Account Name: Thrissur Management Association

Account Number: 0368053000024746
Account Type: Savings Bank Account

IFSC: SIBL0000368

(The South Indian Bank Limited East Fort Branch, Thrissur)

5. In case of bank transfer, the details should be emailed to <a href="mailto:tma.tcr@gmail.com">tma.tcr@gmail.com</a>. Once your payment is received and verified, TMA will send you the confirmation of membership.