



Andhra Chamber

ANDHRA PRADESH CHAMBERS OF COMMERCE AND INDUSTRY FEDERATION

The power to shape the future

3rd FLOOR, CORPORATE BUILDING, 40-1-144, M.G.ROAD, VIJAYAWADA 520010. [ANDHRA PRADESH - INDIA]

Telephone: +91 866 2482888 Email: federation@apchamber.in Website: www.theandhrachamber.com/

AFFILIATE MEMBERSHIP APPLICATION FORM

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------|--|--|---|--------------------------------------|---|---|---|------------------------------------|---|-----------------------------------|--|----------------------------------|--|--|--|--|---|--|--|-----------------------------|----------------------------------|-----|----------------------------------|--|--|
| Name of the Association | | | | | | | | | | | | | | | | | | | | Affix Photograph here | | | | | |
| Name of the Applicant | | | | | | | | | | | | | | | | | | | | | | | | | |
| Designation | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile No. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Address | | | | | | | | | | | | | | | | | | | | | | | | | |
| Landline 1 | | S | T | D | | | | | | | | | | | | | | | | Landline 2 | | Fax | | | |
| Email Id | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alternate Email Id | | | | | | | | | | | | | | | | | | | | | | | | | |
| Website | | | | | | | | | | | | | | | | | | | | | | | | | |
| Regn. No. | | | | | | | | | | | | | | | | | Companies Act (Non-profit) <input type="checkbox"/> | | Societies Act <input type="checkbox"/> | | | | | | |
| Regn. Date | | D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | Service Tax No. (Opt.) | | | | | |
| Mainline of members | | Manufacturing <input type="checkbox"/> | | Trading <input type="checkbox"/> | | Imports/Export <input type="checkbox"/> | | IT/ITES <input type="checkbox"/> | | Services <input type="checkbox"/> | | General <input type="checkbox"/> | | | | | | | | | | | | | |
| Partly → | | Manufacturing <input type="checkbox"/> | | Trading <input type="checkbox"/> | | Imports/Export <input type="checkbox"/> | | IT/ITES <input type="checkbox"/> | | Services <input type="checkbox"/> | | General <input type="checkbox"/> | | | | | | | | | | | | | |
| Members mainly from | | Same activity <input type="checkbox"/> | | Same Area <input type="checkbox"/> | | Area covered : | | City/Town <input type="checkbox"/> | | District <input type="checkbox"/> | | State <input type="checkbox"/> | | | | | | | | | | | | | |
| No. of Members | | | | | | | | | | | | | | | | | Bulletin to Members: | | Provided <input type="checkbox"/> | | Planned <input type="checkbox"/> | | No Plan <input type="checkbox"/> | | |
| Name of Bulletin | | | | | | | | | | | | | | | | | | | | | | | | | |
| Periodicity | | Weekly <input type="checkbox"/> | | Fortnightly <input type="checkbox"/> | | Monthly <input type="checkbox"/> | | Other | | | | | | | | | | | | | | | | | |
| Language | | Telugu <input type="checkbox"/> | | English <input type="checkbox"/> | | English & Telugu <input type="checkbox"/> | | Other | | | | | | | | | | | | | | | | | |

SCHEDULE OF SUBSCRIPTION

| Code | Category | Chamber / Association | Admission Fee | Annual Subscription |
|------|----------------------|-----------------------|---------------|---------------------|
| F1 | Affiliate Membership | Town / City Level | 3,000 | 3,000 |
| F2 | | District Level | 3,000 | 5,000 |
| F3 | | State Level | 3,000 | 10,000 |

ADDITIONAL INFORMATION

| | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--------------------------|--|--|--|--|--|--|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Contact person | | | | | | | | | | | | | | | | | | | | | | |
| Designation | | | | | | | | | | | | | | | | | | | | | | |
| Mobile No. | | | | | | | | | | | | | | | | | | | | | | |
| Bank Name | | | | | | | | | | | | | | | | | | | | | | |
| Account No. | | | | | | | | | | | | | | | | | | | | | | |
| IFSC Code | | | | | | | | | | | | | | | | | | | | | | |
| Addl. Service req. | | Email Service to Members | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | SMS Service to Members | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| Other Trade Bodies with which the applicant is affiliated or associated | | 1 | | | | | | | | | | | | | | | | | | | | |
| | | 2 | | | | | | | | | | | | | | | | | | | | |
| | | 3 | | | | | | | | | | | | | | | | | | | | |

Subscription Payment Details

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|------|--------------------------|-------|--------------------------|------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Mode | Cash | <input type="checkbox"/> | DD/BC | <input type="checkbox"/> | Chq. | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| Bank Name | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Branch | | | | | | | | | | | | | | | | | | | | | | | | | | | |

APPLICATION - FORM FILLING INSTRUCTIONS

- 1- The application form shall be filled in block letters and preferably in Black ink. Furnish all the required details as neatly and completely as possible without over-writings.
- 2- "Business Mainly" and "Partly" in the first page are to categorise business activities; this should help others to source their requirements. Please fill-in with appropriate details and if necessary, use add sheets. Generalisations like 'Imports & Exports' 'Trading', 'Professional Service', etc., may be avoided.
- 3- Every applicant shall pay the specified Admission Fee and Subscription for current year plus one year in advance at the time of submission of the application for membership.
- 4- All payments shall be made by Demand Draft/Banker's Cheque/Cheque favouring "Andhra Pradesh Chambers of Commerce and Industry Federation" drawn on any scheduled bank payable at VJA.
- 5- The Andhra Pradesh Chamber reserves the right to reject any application for membership without assigning any reason and the amount paid along with the application will be refunded.

Declaration

I/We solemnly affirm that the information furnished in this Membership Application Form is true and correct to the best of my/our knowledge and in case of any change, I/we undertake to inform the Andhra Pradesh Chamber promptly. We agree to abide by the Andhra Pradesh Chamber Rules & Regulations as amended from time to time. I/We understand that membership of the Andhra Pradesh Chamber is subject to acceptance of this application.

Date

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|

Signature of the Applicant (with seal)

Proposed by

| | | |
|-------------|---|--|
| Name | : | |
| Designation | : | |
| Company | : | |
| City | : | |
| Signature | : | |

FOR OFFICE USE

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------|---|---|---|---|---|---|---|---|----------------|---|---|---|---|---|---|---|---|----|----------|---|---|--|--|--|--|--|--|
| Received on | D | D | M | M | Y | Y | Y | Y | Receipt No. | | | | | | | | | | Amount | | | | | | | | |
| Memb. Comm. | D | D | M | M | Y | Y | Y | Y | Membership No. | | | | | | | | | | Category | A | C | | | | | | |
| Board of Directors | D | D | M | M | Y | Y | Y | Y | Regd. On | D | D | M | M | Y | Y | Y | Y | By | | | | | | | | | |
| Member Intimated | D | D | M | M | Y | Y | Y | Y | Verified on | D | D | M | M | Y | Y | Y | Y | By | | | | | | | | | |