



The Secretary
Automotive Component Manufacturers Association of India
 6th Floor, The Capital Court
 Olof Palme Marg
 Munirka
 New Delhi-110 067

Dear Sir,

ENROLLMENT AS AFFILIATE MEMBER

We wish to be enrolled as a member of the Automotive Component Manufacturers Association of India under the " **Affiliate member**" category and are hence submitting this Application.

We agree to abide by the Rules & Regulations of ACMA and further agree to Provide data for the Annual Statistical Return, ACMA Buyers Guide, Business outlook survey, ACMA Membership survey and any other data / information which the Association or its authorized agencies may ask from time to time.

We declare that the information provided by us in the Form is complete in all respects and true to the best of our knowledge.

(Company Stamp)

For and on behalf of

Date : _____

 Signature & Designation

* Proposed by :

* Seconded by :

Name : _____

Name : _____

Company : _____

Company : _____

Note : Both Proposer and Seconder should be an Ordinary member of ACMA and this Form should be signed and stamped by their authorised representative only.

Encls. : 1) Cheque/D.D. No. _____ dated _____

Rs. 12,133/- drawn on _____ towards admission fee and subscription for the current year and payable to Automotive Component Manufacturers Association of India. (See attached Eligibility Criteria for Charges)

- 2) Certificate of Incorporation/ Registration
- 3) Last Annual Report and Audited Accounts.

Note : It is mandatory to provide details for all queries to ensure quick processing. Please ensure that the Form is accompanied with all relevant enclosures.

FOR OFFICE USE ONLY

(Secretariat)

Admitted on : Date _____ Place _____

Rejected due to : _____

Payment due (if any) : _____

(Signature: Head, Membership Department)

(Date)

(Regional Office)

Regional Chairperson's Approval : _____
(Signature)

(Date)



Automotive Component Manufacturers Association of India
(THIS FORM SHOULD BE SUBMITTED TO THE RELEVANT ACMA REGIONAL OFFICE)

MEMBERSHIP APPLICATION

- 1) a) Name of Society/ Association/: _____
Chamber/ Trust _____
- b) Address to which : _____
communications are _____
to be sent _____
- Phone (s) : _____
- Fax : _____
- E-mail : _____
- Website : _____
- c) Address of Registered Office : _____

- Phone (s) : _____ Fax _____
- E-mail : _____
- d) Address of other offices: _____
in India _____

- e) Year of incorporation/ : _____
Registration
- f) Legal Status:
Section 25 Company Society Trust
- g) Name & Address of
i) President* : _____

ii) Vice-President* : _____

h) Name of Director General/ : _____
Executive Director

i) Name & Designation of : _____
Person for liaison with ACMA

2. Election are held yearly/ 2yearly : _____
in the month of

3. Total Number of Members : _____

4. Production turnover of Industry : _____
for last two years in the Sector
Represented by your organisation

5. Export performance of India for : _____
last 2 years

6. Do you, as an industry association, : _____
Organise/participate in Trade Fairs in
India and overseas _____

7. No. of permanent/temporary staff : _____
on your roll

8. Membership with other Associations/ : _____
bodies

Signature: _____ Form filled by: _____

Date : _____ Designation: _____

* Please inform whenever there is change in President & Vice-President