



INDIA PULSES AND GRAINS ASSOCIATION

FORMERLY THE PULSES IMPORTERS ASSOCIATION

(Regd.: 2011)

B-402, Groma House, 14-C, Sector 19, Vashi, Navi Mumbai - 400 703, INDIA

Telefax.: +91 22 2788 0155, Help line no. +91 99204 66011

info@ipga.co.in

APPLICATION FORM FOR MEMBERSHIP

To,
The Secretary,
India Pulses and Grains Association

Dear Sir/Madam,

We desire to enroll ourselves with the India Pulses and Grains Association (IPGA). We agree to abide by its Rules & Regulations and observe its Byelaws in force from time to time.

Mode of Payment: Cheque Draft No: _____ Dated: _____

Amount (In Figures): _____

Amount (In Words) _____

Bank Name: _____

Full Name of Company/ Firm/ Individual: _____

Class of Membership: Primary Member Associate Member

Name of Primary Member (If applying for Associate Membership): _____

Nature of Company: Ltd Pvt. Ltd. Partnership
 Proprietary HUF

Year of Establishment / Incorporation: _____

Address of the Corporate Office: _____

_____ Pin Code: _____

Address for Correspondence: _____

_____ Pin Code: _____



Email ID: _____

Website: _____

Telephone Number(s) with Area Code: _____

Fax Number(s) with Area Code: _____

Nature of Business Activities:

<input type="checkbox"/> Importers	<input type="checkbox"/> CFA/Shipping Agent
<input type="checkbox"/> Manufacturers	<input type="checkbox"/> Fumigation Agency
<input type="checkbox"/> Exporters	<input type="checkbox"/> Trade Association
<input type="checkbox"/> Surveyor/Analyst	<input type="checkbox"/> Financial Institution
<input type="checkbox"/> Broker/Comm. Agent/Dealer	<input type="checkbox"/> Consultant

Details of Authorized Representative(s):
(In order of preference)

1. _____ Mobile _____
2. _____ Mobile _____
3. _____ Mobile _____

Name & Signature of Authorized Representative
(Any One) _____

Name of Partners/Directors

1. _____
2. _____
3. _____

We request you to place this application before the meeting of the Board of Directors of your Association with a view to admitting ourselves as a Member of the Association.

Yours faithfully,

Signature of Authorized|

Representative With|

Rubber stamp of firm/company |

Date|

Proposed by _____

Seconded by _____

Signature: _____

Signature: _____

- (1) This application should be proposed by and seconded by two Regular Members of the Association and signed by their authorized representatives with the rubber stamp of the firm/company OR a reference from applicant's bankers be furnished.
- (2) Membership is subject to approval by Managing Committee of IPGA.



TO BE FILLED IN BY THE ASSOCIATION

Receipt No. & date. : _____ Registration No. _____
Enrolled as per Board decision on : _____ Replied On _____
Nature of Membership : _____
Secretary's Signature : _____ Cashier's Signature _____

Membership Fees

	Regular Members	Associate Members
Entrance Fees	Rs.7,500/-	RS.5,000/-
Annual Subscription	RS.5,000/-	Rs.2,500/-
Total	Rs.12,500/-	Rs.7,500/-

The official year of the Association is April to March.

Note:

1. In the case of limited company, a certified copy of the Memorandum and Articles of Association together with a copy of the Board's resolution for membership should be sent along with the application form
2. In case of Partnership firm, please attach copy of Registered Partnership Deed.
3. Kindly send the cheque along with the form duly filled to IPGA office on the address mentioned on the top of the form.