



MEMBERSHIP APPLICATION FORM

Organization Type: Proprietorship Partnership Ltd. Company

Company Name _____

Office Address _____

City _____ Pin _____ State _____

Telephone No. _____ Mobile No _____

E-mail _____ Website _____

PAN No _____ GST No _____

Deals in _____ Business Since _____

Type of Business: Sub Distributor Reseller Retailer
Service Software Others

Primary Contact person name : _____

Designation: Proprietor Partner Director Other

Mobile No. _____ Email ID _____

Date of Birth _____ Marriage Anniversary _____

Registration Fees : For New Membership Only (Rs 1000) NIL for Renewal

Membership Fees : One Year (Rs. 1000) Two Year (Rs. 2000) Life Membership (Rs. 11000)

We hereby confirm having fully understood aims & objectives of NECTA. We also confirm that we have read rules and regulations of NECTA as on date and we agree to abide by all amendments which may come in force in future. Please find enclosed cheque no. _____ drawn on _____ dated _____ for Rs. _____ (amount in words) _____ against applicable fees.

Proposer _____

Date _____

(Proposer's Signature with Seal)

(Applicant's Signature of with Seal)

_____ **(For Office use only)** _____

Membership No. _____ Approved _____ Date _____

(President)

(Treasurer)

(Secretary)