

Membership Application to the CREDAI, SATARA

Date :

Form No.:

**The Managing Committee,
CREDAI - SATARA**

Subject : Request for Membership of CREDAI- Satara

Dear Sirs,

I/We hereby apply for Membership of CREDAI- Satara

The category of membership applied for, the details of remittance of entrance fees, membership fees and eligibility alongwith the profile of the organization are given as required-

- Entrance & Membership fees for the period from April 20__ to March 20__ are :

Please tick the category of membership applied for -

CATEGORY	ENTRANCE FEE	YEARLY SUBSCRIPTION	OTHER FUNDS	TOTAL
<input type="checkbox"/> Ordinary Member	Rs. _____	Rs.. _____		Rs. _____
<input type="checkbox"/> Associate Member		Rs. _____		Rs. _____
<input type="checkbox"/> Others				Rs. _____

(Total Remittance of Rupees _____)

Payment by cheque drawn in favour of CREDAI Satara on account of _____

_____ Bank. Cheque no. _____ Date _____

Membership Application to the CREDAI, SATARA

• Organization Profile in the required format - *Please refer to page 3*

• List of additional documents if any -

- _____
- _____
- _____
- _____
- _____

I / We and my / our sister concern / s, where one of us is Director or Partner, agree to abide by :

1. The Rules & Regulations of the Association including the Code of Conduct & Code of Practice,
2. The decisions of the Managing Committee and of the General Body of the Association.

I / We am / are aware that my / our application for membership will be scrutinized by the Managing Committee and will be considered for Membership as per the Rules and Regulations of the Association.

I / We shall not have any grievance in case membership is not granted to me / us by the Managing Committee.

I / We request the Managing Committee to consider my / our application and grant me / us membership of the Association.

Thanking you.

Yours faithfully,

Signature of the Applicant

Name :

Designation :

Name of Company / Firm

Date :

SATARA

Seal/Stamp of the Company/Firm

ORGANIZATION PROFILE OF THE APPLICANT SEEKING MEMBERSHIP

- Name of the firm : _____
- Business Type : _____
- Office Address (H.O) : _____

- Contact no.: _____ Fax : _____
- Web site : _____
- E mail ID : _____
- Branch Office address : _____

- Tel. : _____ Fax : _____
- E mail ID : _____

- **Personal Information of Proprietor / Partners / Directors**
(Tick whichever is applicable)
- (1) Name : _____
Residence Address : _____

- Tel. : _____ Fax : _____
- Mobile : _____
- Personal e mail ID : _____
- Birthdate : _____
- Wedding Anniversary : _____
- Educational Background : _____
- Family Background : _____
- Blood group : _____

Passport size photograph

Membership Application to the CREDAI, SATARA

Organization Profile

(2) Name : _____
Residence Address : _____

Tel. : _____ Fax : _____
Mobile : _____
Personal e mail ID : _____
Birthdate : _____
Wedding Anniversary : _____
Educational Background : _____
Family Background : _____
Blood group : _____

Passport size photograph

(3) Name : _____
Residence Address : _____

Tel. : _____ Fax : _____
Mobile : _____
Personal e mail ID : _____
Birthdate : _____
Wedding Anniversary : _____
Educational Background : _____
Family Background : _____
Blood group : _____

Passport size photograph

* Name of person representing the organisation other than Proprietor / Partners / Directors : _____
Residence Address : _____
Mobile no.: _____
Personal e mail ID : _____
Birthdate : _____
Wedding Anniversary : _____
Educational Background : _____
Family Background : _____
Blood group : _____

Passport size photograph

Membership Application to the CREDAI, SATARA

Organization Profile

- Date & Year of Commencement of Business : _____
- No. of schemes completed - Attach Completion Certificate

Sr. No.	Name of Scheme	Location	No. Of flats	Construction commenced on	Construction Completed on	Ammenities/Facilities Provided

- Details of the tenaments under construction where commencement certificate has been obtained Attach copy of Commencement Certificate / s and / or Collector's N.A.order / s as applicable.

Sr. No.	Name of Scheme	Location	No. Of flats	Construction commenced on	Completion date	Ammenities/Facilities Provided

- Details about business other than this; In which the Proprietors / Partners or Directors are engaged, if any :

- Any other information applicant may wish to give :

Reference of Members of PBAP : *Membership list is available on www.pbap.org*

Sr. No.	Name of Organisation	Name of person representing	Tel. No. Office	Known for years
1				
2				
3				

Date :

PLACE **Satara**

Signature of Applicant No.1 _____

Name of the Signatory _____

Signature of Applicant No.2 _____

Name of the Signatory _____

Signature of Applicant No.3 _____

Seal of Organization

Name of the Signatory _____

D E C L A R A T I O N

I / We hereby declare that the information given above by me/us is true and correct.

I/We am/are aware that if any of the information given by me/us is found to be false, incorrect or misleading, the Association has the right to terminate / cancel my/our membership and I/we accept the same.

I / We also accept that all communications of the Association will be sent to the address given by me / us above and it will be my/ our responsibility to inform the Association of any change of address from time to time. I/ We shall not hold the Association responsible for non - receipt of any communication sent to the given address.

Signature of Applicant No.1 _____ Name of the Signatory _____

Signature of Applicant No.2 _____ Name of the Signatory _____

Signature of Applicant No.3 _____ Name of the Signatory _____

PLACE **Satara**

Date :

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- NOTE :
- PROPOSER & SECONDER SHOULD BE OTHER THAN MANAGING COMMITTEE MEMBERS OF THE ASSOCIATION
 - THE PROPOSER & SECONDER SHOULD HAVE PAID ALL THE DUES OF THE ASSOCIATION

PROPOSER

Date:

SATARA

Name of Member _____

Name of Proposer _____

Mobile No. _____

Signature of Proposer _____

Seal of Organization

SECONDER

Date:

SATARA

Name of Member _____

Name of Seconder _____

Mobile No. _____

Signature of Seconder _____

Seal of Organization

ACKNOWLEDGEMENT

Received from M/S. _____ Membership Application Form No. _____

with cheque for Rs. _____, No. _____ Dtd. _____

Bank _____

For CREDAI SATARA

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FOR OFFICE USE ONLY

■ Name of the Applicant _____

■ Remarks of the SECRETARY

1) Verified the particulars

2) Remittance received by Cheque no. _____ Dtd.: _____

Entrance fees _____ Rs.

Membership for the period from April 200 _____ to March 200 _____ Rs.

Ordinary Member _____ Rs.

Associate Member _____ Rs.

Other amounts _____ Rs.

Total Remittance _____ **Rs.**

■ Applicant

Recommended for Membership

Not Recommended for Membership & application with enclosures presented to the Managing Committee.

Date :

Chairman, Membership Committee

Hon. Secretary

Remarks of the PRESIDENT, MANAGING COMMITTEE.

1. The application was considered by the Managing Committee during the Meeting held on _____

2. The Managing Committee has decided

To offer Membership

Not to offer Membership

To the applicant Vide Resolution no. _____

Date :

President