



MEMBERSHIP APPLICATION FORM

Membership Type _____

Membership No. _____

Date _____

MEMBERSHIP APPLICATION FORM

Annual Life Other

1. Organization Type : Proprietorship Partnership Ltd. Co.

2. Company Name _____

Regd. Office Address _____

City _____ | Pin _____ | State _____

Correspondence Address _____

Telephone Nos _____ | Res _____ | Fax _____

Mobile No _____ | E mail _____ | www. _____

3. Name of Primary Contact in Organization _____

Designation _____

IT Related Jobs

4. Type of Business Dealer (Computers) Distributor (Computers) Service Activity

Dealer (Consumables) Distributor (Consumables) Imports

Manufacturers (Consumables) Internet I.S.P.

Exporters (Software) Consultants (Computers) Others

Software Developer Consultants (Software)

Call Center WEB Cybercafé

5. Brief Description of Business Activities _____

6. VAT _____ | PAN _____ | Service Tax _____

7. Name of Proposer _____ | Signature with R. Stamp & Date _____

8. Name of Seconder _____ | Signature with R. Stamp & Date _____

Paste
Photograph
(Primary Contact)

We hereby confirm having fully understood aims & objective of COMPASS. We also confirm that we have read rules and regulations of COMPASS as on date and we agree to abide by all amendments which may come in force.

Enclosed herewith find Cheque/Demand Draft No. _____ on _____
_____ Date _____ for Rs. _____

Admission fees for annual membership Rs. 500/- only
Annual Membership Fees Rs. 2,000/- only
Life Membership Fees Rs. 15,000/- only

Date _____

Signature of applicant with Seal

MEMBER'S PERSONAL INFORMATION FORM
(Primary contacts only)



Other Contacts (Excluding Primary Contact)

Sl#	Name	Designation	Direct Phone	Mobile	Res. Phone	Email
1.						
2.						
3.						
4.						
5.						

Personal Details (Primary Contact only)

Name	Mobile	Res. Phone	Email
_____	_____	_____	_____

Your Spouse details

Spouse Name _____ Birthday on dd ____ mm ____
Marriage Anniversary on dd ____ mm ____

Any other details you would like _____
To mention about your spouse/
spouse's interest/activities/hobbies _____

Your Kid's details

Sl#	Kids name	M/F	Dt. of Birth	School presently studying
1.				
2.				
3.				

Any other details you would like _____
to mention about your kid/kid's
interest/activities/hobbies _____

Signature of Member

For office use only

Membership No. _____ Approved _____
at Executive Committee member meeting _____

Signature of President

Signature of Secretary

MEMBER'S PERSONAL INFORMATION FORM

1. All the dues payable to the association must be settled by the respective due dates.
2. Members should adhere to ethical business practices.
3. In the event of any dispute amongst the members, the decision of the Arbitration Committee is final and binding.
4. Member can be expelled / suspended if the details furnished by him are false. Membership of Members, who has procured membership by submitting false information, is liable to be terminated.
5. Member should keep strict confidentiality of sensitive information of the Association.

I accept rules & regulations of the organization

Signature with stamp

List of documents attached (Enclosed)

Proprietorship concern
 Proprietor's IT PAN Card
 Trade Licence
 VAT Certificate
 Tax Registration Certificate

Partnership concern
 IT PAN Card - All Partners
 Trade Licence
 VAT Certificate
 Service Tax Registration Certificate

Public / private Limited Co
 IT PAN Card of the Company
 Certificate of Incorporation
 Trade LicenceService
 VAT Certificate
 Service Tax Registration Certificate

Computer Association of Eastern India

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