



Indian Institute of Materials Management

Plot No. 102-104, Sector-15, Institutional Area, CBD Belapur, Navi Mumbai-400614

Tel: 022-27561754, 27565831, Fax: 022-27565592, email: iimnhq@vsnl.com

INSTITUTIONAL MEMBERSHIP

Name of Organization _____

Address _____

Telephone/s _____ Fax: _____ email _____

Name of C.E.O _____

Nature of Institution Public Limited Private Limited Proprietary NGD

Government Semi-Government Training/Educational

Nature of Business _____

Other Professional Membership _____

Please nominate names of 2 Representative of the institute who will be represented in IIMM

(one in case of small scale industry)

1. Name _____ Designation _____

2. Name _____ Designation _____

Date: _____

Applicant's Signature _____

INSTITUTIONAL MEMBER FEES

	Entrance Fees (Rs.)	Annual Subscription (Rs)
Institute Large Scale	1000/-	5000/-
Institute Small Scale	500/-	2000/-

REFERENCE

It is required that referees should be executive of firm including your immediate senior (not relative) who have a personal knowledge of the candidate. They must have actual knowledge of our responsibilities and one of them should be member of IIMM.

Signature 1st Referee _____

Name: _____

Designation _____

Company _____

Phone: _____

Dated: _____

Signature 1st Referee _____

Name: _____

Designation _____

Company _____

Phone: _____

Dated: _____

SERVICING BRANCH

No. _____

For office use only

MEMBERSHIP CATEGORY

- Institutional Large Member**
Entrance Fee =Rs.1000/-
Annual Subscription Rs.5000/-
- Institutional Small Scale Member**
Entrance Fee =Rs.500/-
Annual Subscription Rs.2000/-

REMITTANCE DETAIL

I certify that all information is true and correct. I hereby enclose my Annual Subscription and Membership Fees of Rs.
By way of Cheque / Demand Draft.....dt..... drawn in favour of "Indian Institute of Materials Management" payable at

OFFICE USE

Recommendation of the Branch Committee

Branch Chairman

FOR BRANCH OFFICE

Name of Referee Member _____

Membership Number of Referee _____

Copy Forwarded to NHQ on _____

Reference _____

Date _____ Branch Secretary

FOR NHQ

Application received from branch on _____

Membership Number allotted _____

Membership kit sent on _____

Date _____ Director General