



## GUWAHATI MANAGEMENT ASSOCIATION

(Affiliated to All India Management Association, New Delhi)

IIE Block, Rajdhani Apartments, Rajdhani Path,

R G Baruah Road, Ganeshguri, Guwahati-781006

Ph : 9435101538, 9435184301, 9864023255, 8486164148

E-mail : [guwahatima@gmail.com](mailto:guwahatima@gmail.com) Website : [gma-india.org](http://gma-india.org)

### PROFESSIONAL INDIVIDUAL MEMBERSHIP

Category Applied for ☐ Life Member  
☐ Individual Member  
☐ Student Member

#### Membership Fees :

- i) Life Member Rs. 25,000/- (Minimum) one time
- ii) Individual Member Rs. 1200/- (annually)
- iii) Student Member Rs. 400/- (annually)

**Admission Fees :** Rs. 200/- (one time) and Rs. 50/- (one time) for Individual & Student Members respectively

Name (in capital letters only)

Father's / Husband's Name :

Home Address :

Pin Code :

Date of Birth :

Blood Group :

Preferred Mailing Address : ☐ Home ☐ Office

Email : \_\_\_\_\_ Mobile : \_\_\_\_\_

Details of Academic / Professional Qualifications :

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Your current designation : Self-employed/Professional/Service Sector/Product etc. ( Strike out which ever is not applicable)

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Experience in Profession/Trade : \_\_\_\_\_

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Past Experience : \_\_\_\_\_

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Membership of other Professional Bodies (If any) : \_\_\_\_\_

Whether AIMA/Member : Yes/No If yes, Membership No. \_\_\_\_\_

Declaration of the applicant :

I declare that the statements made throughout this application are correct to the best of my knowledge and that I agree to be governed by the bye-laws of the GMA as they now exist and hereafter as to be altered. I further undertake that I will promote the objects of the GMA as far as may be in my power. If at any time I fail to comply with the requirements of the GMA with regard to the membership. I undertake to return the Certificate of Membership and forfeit the privileges associated with the membership. I also undertake to abide by the GMA Code for professional management that the GMA may frame from time to time.

Date : \_\_\_\_\_

Applicant's Signature : \_\_\_\_\_

FOR OFFICE PURPOSE

To be filled by office
Payment particulars :
Draft No.
Issuing Bank :