

WESTERN INDIA

TEA DEALERS ASSOCIATION (WITDA)

WAGH BAKRI HOUSE, OPP. PARIMAL GARDEN, AMBAWADI, AHMEDABAD – 380 006.

☎ 079 – 6606 6222 ✉ witdamail@gmail.com 🌐 www.witda.in



APPLICATION FORM FOR MEMBERSHIP

TO,
THE PRESIDENT,
WESTERN INDIA TEA DEALERS ASSOCIATION (WITDA)
AHMEDABAD – 380 006.

DEAR SIR,

I/ WE HEREBY APPLY FOR THE MEMBERSHIP OF WITDA (PLEASE TICK ANY ONE).

CATEGORY: LIFE MEMBER DONOR MEMBER
 PATRON MEMBER ORDINARY MEMBER

NAME OF ORGANISATION: _____

TYPE OF ORGANISATION: PARTNERSHIP FIRM PROPRIETORSHIP PVT. LTD.
(TICK AS APPLICABLE) PUBLIC LTD. CO. OPERATIVE OTHER _____

ADDRESS: _____
CITY: _____
PIN: _____ DIST: _____ STATE: _____

TELEPHONE (OFFICE): _____

MOBILE: _____

EMAIL ID: _____

WEBSITE: _____

NAME OF REPRESENTATIVE(S):

1. _____ DESIGNATION _____

2. _____ DESIGNATION _____

GST TIN NUMBER: _____ DATED _____

TMCO NUMBER: _____ DATED _____

I.T. PAN NUMBER: _____ DATED _____

I/ WE HAVE FULLY READ AND UNDERSTOOD THE OBJECTS AND ALL THE BYLAWS (RULES AND REGULATIONS) OF THE CONSTITUTION OF WITDA; AND, AS A MEMBER, I/ WE HEREBY UNDERTAKE TO STRICTLY ABIDE AS WELL AS REMAIN BOUND BY ALL THE PROVISIONS OF THE WITDA'S CONSTITUTION.

CONT...

WESTERN INDIA

TEA DEALERS ASSOCIATION (WITDA)



I/ WE HEREWITH ENCLOSE A CHEQUE/ DD BEARING NO: _____, FOR RS. _____,
DATED _____ DRAWN ON _____ BANK (PAYABLE AT PAR AT AHMEDABAD)
TOWARDS MEMBERSHIP ENTRANCE FEE AND ANNUAL SUBSCRIPTION. PLEASE ACCEPT SAME AND KINDLY
ENROLL OUR NAME AS MEMBER.

DATE: _____

SIGNATURE: _____

PLACE: _____

STAMP OF ORGANISATION

CONFIRMATION & RECOMMENDATION:

WE HEREBY CONFIRM THE DETAILS SUBMITTED IN THE APPLICATION FORM BY M/S _____
_____ OF (PLACE) _____

AS TRUE AND CORRECT AND RECOMMEND THAT THE ORGANISATION BE ENROLLED AS MEMBER OF WITDA.

NAME OF RECOMMENDER: _____ DESIGNATION: _____

NAME OF FIRM: _____

SIGNATURE: _____ STAMP OF RECOMMENDER: _____

DATE: _____ PLACE: _____

NOTE: MEMBERSHIP IS SUBJECT TO APPROVAL BY EXECUTIVE COMMITTEE AND THE PROVISIONS OF THE CONSTITUTION OF WITDA IN FORCE.

MEMBERSHIP CATEGORY	ENTRANCE FEE	ANNUAL SUBSCRIPTION
LIFE MEMBER	Rs. 10,000.00	EXEMPTION
DONOR MEMBER	Rs. 5,000.00	Rs. 1,000.00
PATRON MEMBER	Rs. 2,000.00	Rs. 1,000.00
ORDINARY MEMBER	Rs. 1,000.00	Rs. 1,000.00

:FOR OFFICE USE:

APPLICATION RECEIVED ON DATE: _____ RECEIPT NUMBER: _____

APPROVED BY EXECUTIVE COMMITTEE ON DATE: _____

SIGNATURE OF PRESIDENT: _____ HON. SECRETARY: _____

