

ASSOCIATE MEMBERSHIP

Affix Photo of Signatory

Please fill the form in block letters

Name of the Company / Supplier :
Address:
City / Town :
Pin:
District :
State :
Telephone:
Mobile:
Email:
Name of Contact Person :
This membership will not have the voting rights.
We agree to abide by the rules of the WNO.
Pl provide info in brief (about 8 - 10 lines) about your present activities/business for the info of members.
Date:
Place:
Stamp of the Company:

Signatures:
Name:
Designation:
Payment Mode: From India: DD / NEFT / RTGS From other countries: TT or Wire Transfer Bank details are as follows:
Bank Account Number: 50200025616253 IFSC code: HDFC0000582 SWIFT Code: HDFCINBB Type of Account: Current Account
Bank Address: HDFC BANK LTD., THAKUR COLLEGE OF SCIENCE & COMMERCE, SHYAM NARAYAN THAKUR MARG, THAKUR VILLAGE, KANDIVALI EAST, MUMBAI - 400101 MAHARASHTRA, INDIA
For office use only
Membership No.:
Date:
Remarks:
General Secretary
Place complete this form & return to a socretariat@worldneemerganisation org

Please complete this form & return to: secretariat@worldneemorganisation.org

RECEIPT / INVOICE - This document will become your RECEIPT / INVOICE when completed & payment is made in full so please keep a copy for your records. As a Not for Profit Company with turnover below the GST threshold, GST does not

PRIVACY DISCLAIMER - The collection of these details is primarily so that we can register you as a member of WNO. This information will be stored in the WNO database and may be used for future marketing of WIC's Events. If you do not wish your details to be made available, please tick this box []. If you do not tick the box, then WNO will consider that the individuals completing this form consent to their personal details being used in the manner indicated.