



MEMBERSHIP APPLICATION FORM

For Office use only:

Application Received on:.....

Verified by:

Membership ID Issued:

Payment Received: ₹.....

Approved on:.....

APPLICATIONFORM

To,

The President
Event Management Association of Assam (EMAA)
Guwahati

Dear Sir,

We _____ here by apply for membership of your Association.

1. I /We here by solemnly promise to abide by the rules and regulations of the Event Management Association of Assam (EMAA) and to uphold high ethical and professional standards in the conduct of our business, without reservation or deviation, consistent with the policies in force from time to time. We further understand and accept that any member found acting against the interests of the event management industry or the Association may, after due inquiry, be censured, suspended, or removed from membership by the Executive Committee. The Committee shall not be bound to assign any specific reason for such action.
2. I / We agree and undertake to notify the Association in writing of any changes in our business status, constitution or in the conventional or corporate name for any reason whatsoever within 30 days from the date such change takes effect.
3. I /We further agree to inform the Association in writing of any change in ownership or controlling interest of our company, firm, or organization.

(Stamp of Company)

Yours truly

Date:

Signature

Name

Designation



Membership Application Form

To be filled in by an applicant who wishes to become a member of the Event Management Association of Assam.

1	Applicant Details	
1.1	Membership Category (Applied for)	
1.2	Name of the Company/Firm	
1.3	Owner/Director/Partner Name	
1.4	Year of Establishment	
1.5	Type of Entity (Proprietorship/Partnership/ Pvt Ltd / LLP / Others)	
1.6	Full Office Address.....	Telephone office..... Residence..... Fax..... E- mail..... Website.....
1.7	City/District/State	
1.8	Email ID	
1.9	Mobile Number	
10.0	Website/Social Media Links	
2	Nature of Business	
2.1	Core Area of Event Services (e.g. Wedding Planning, Corporate Events, Exhibitions, Audio-Visual, Decor, Artist Management, etc.)	
2.2	Years of Experience in Event Industry	
2.3	No. of Events Handled Yearly (approx.)	
3	Business Credentials	
3.1	GST Number	
3.2	PAN Number	
3.3	Trade License (if applicable)	
3.4	Company Profile/Brochure (Attach)	
3.5	Past Event Work Images or Website Portfolio (if available)	
3.6	Turnover last year (CA Certified)	



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Decision of the Managing Committee:

APPROVED AS ACTIVE / ASSOCIATE.

Signature:.....
(Secretary)

Signature:.....
(President)

Date:.....

Declaration

I/We hereby declare that all information provided is true and correct to the best of my/our knowledge. I/We agree to abide by the rules and regulations of Emaa and follow the Code of Conduct laid down by the Association.

Signature of Applicant:

Date:

Place: