

**Society of Indian Automobile Manufacturers**

**AFFILIATE MEMBERSHIP FORM**

Dear Sir/Madam,

We are interested in the aims and objects of Society of Indian Automobile Manufacturers (SIAM) and are desirous of becoming its Affiliate Member. Accordingly, we submit here under the following information in respect of our/my organization/individual:

1. Name of the Applicant (In Full) : \_\_\_\_\_

2. Designation : \_\_\_\_\_

3. Communication Address of the Applicant : \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

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

4. Name of Company/ Organization : \_\_\_\_\_

5. Occupation of the Applicant : Please tick the appropriate box

Professional

Business

Employed

Others

6. Stamp of Applicant's Organization : \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_

X-----X

**FOR OFFICE USE ONLY**

Checked by : \_\_\_\_\_ Approved by: \_\_\_\_\_  
(Authorized official) (Authorized official)

Approved from the financial year : \_\_\_\_\_

Membership Number : \_\_\_\_\_ Date: \_\_\_\_\_

Entrance Fee : Rs. 400/-

Membership subscription : \_\_\_\_\_

Membership Valid till : \_\_\_\_\_

For full year membership = Rs 100/- (1<sup>st</sup> April - 30<sup>th</sup> September)

For half year membership = Rs 50/- (1<sup>st</sup> October - 31<sup>st</sup> March)

Signature of Authorized official