



INDIAN NURSERYMEN ASSOCIATION (Regd.)

Registered office: SCO- 333, Sector- 20,(Huda), Kaithal, Haryana-136027

Head office: 15, Aurobindo Apartments, Adhchini, New Delhi- 110017

Email- office@indiannurserymen.com Website: www.indiannurserymen.com

Membership Application Form

DATE: -

Name of Applicant

Name of the Organization

Caste

Occupation

Date of Birth/...../.....

Father's Name

Gender Male Female

Nationality

Organization Address

Correspondence Add

Telephone.....

Mobile

Email.....

website.....

Aadhar Card no. / Election I.D. no.

Proposed by Name L.M. no of Proposer.....

Membership Category

Membership Fees Paid Rs (In figure) with GST(in words)

Cheque/Demand Draft/ UTR No. Name of the Bank.....

Note: It is Compulsory to attach Self attested copy of Aadhar card or Election card of Applicant & GST Certificate

(Signature of Applicant)

For Office Use Only:

Membership Number allotted

Allotment Date/...../.....

Received By