

Associate Membership Application Form

COMPANY INFORMATION			
Name of Company:			
Parent Company (if applicable):			
Address:			
Contact Name:			
Job Title:			
Phone:	Fax:		
E-mail:			
Please describe your business:			
Number of Employees:			
GST Identification Number:			
ESIC Registration Number:			
Category of membership applying for:			
Membership fee structure based on the turnov	er of the compar	ny is as follows :	
Turnover	•	Annual Fee*	with 18% GST
Less than 20 crores	1 lakhs	10,000/-	
More than 20 crores	2 lakhs	25,000/-	2,65,500/-
Cheque / DD to be drawn in favour of Retailer	rs Association o	o f India pavable in	Mumbai
Payment Details: Membership Fee Rs			
Date:Dr			
Declaration: I hereby declare that the inform			
willingness to become a member of rai and that			
Cianatura	Ctorre		
Signature	5tamp		