



Associate Membership Application Form

COMPANY INFORMATION

Name of Company:

Parent Company (if applicable):

Address:

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Contact Name:

Job Title:

Phone: Fax:

E-mail:

Please describe your business:

Number of Employees: Sales Tax Registration No.:

CST Registration No.: Service Tax Registration No.:

ESIC Registration Number: PF Registration Number:

Category of membership applying for: Associate Member

Membership fee structure based on the turnover of the company is as follows :

| <u>Turnover</u> | <u>One-time Membership fee*</u> | <u>Annual Fee*</u> |
|---------------------|---------------------------------|--------------------|
| Less than 20 crores | 1 lakhs | 10,000/- |
| More than 20 crores | 2 lakhs | 25,000/- |

* plus applicable Service Tax

Cheque / DD to be drawn in favour of **Retailers Association of India**, payable in Mumbai

Payment Details: Membership Fee Rs. Annual Fee Rs.:

Amount Rs.: Cheque / Demand Draft No.:

Date: Drawn on Bank:

Declaration: I hereby declare that the information provided above is true to the best of my knowledge and express our willingness to become a member of rai and that we shall abide by all rules and regulations of the association.

Signature.....Stamp

For rai office use

Membership Category Awarded: Associate Member

Date of Joining: Membership Period:

Signature of Approving Authority: