



Indian Institute of Materials Management

Plot No. 102-104, Sector-15, Institutional Area, CBD Belapur, Navi Mumbai-400614

Tel: 022 -27561754, 27565831, Fax: 022-27565592, email: members@iimm.co.in

INDIVIDUAL MEMBERSHIP

Name _____ Sex: Male Female

Designation _____

Name of Organization _____

Office Address _____

Telephone/s _____ Mob: _____

Email: _____

Home Address _____

Mob: _____ Email: _____

Educational Qualification _____

Work Experience (Start with present position) (Please attach separate sheet where necessary)

Date From	To	Position	Company held	Reporting to

Membership of any other Professional organization _____

Your Blood Group _____ Your Date of Birth _____

Where will you like to receive the IIMM mail: Office Home

UNDERTAKING:

I wish to apply for membership of the institute with appropriate status.
I certify that all information supplied in the application is true and correct.

Date: _____

Applicant's Signature

REFERENCE

It is required that referees should be executive of firm including your immediate senior (not relative) who have a personal knowledge of the candidate. They must have actual knowledge of our responsibilities and one of them should be member of IIMM.

Signature 1st Referee _____

Signature 2nd Referee _____

Name: _____ Name: _____

Designation _____ Designation _____

Company _____ Company _____

Phone: _____ Phone: _____

SERVICING BRANCH

No. _____

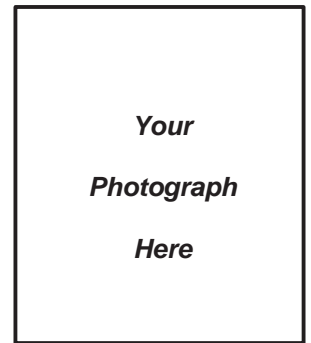
For office use only

Membership Category

Life Member

5 Years Membership

Full Member



INDIVIDUAL FEES

Entrance Fees (Rs.)	Annual Subscription (Rs.)
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Life Member	500/-	10000/- (One Time)
5 Years	500/-	3500/-
Full Member	500/-	750/-

REMITTANCE DETAIL

I certify that all information is true and correct. I hereby enclose my Annual Subscription and Membership Fees of Rs. By way of Cheque / Demand Draft No. dt. drawn in favour of "Indian Institute of Materials Management" payable at



BRANCH CHAIRMAN