

APPLICATION FORM FOR MEMBERSHIP OF THE ELECTRICAL CONTACTORS' ASSOCIATION OF MAHARASHTRA



# ELECTRICAL

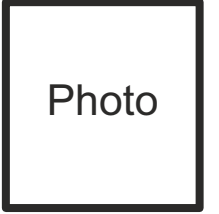
CONTRACTORS'  
ASSOCIATION  
OF MAHARASHTRA

इलेक्ट्रिकल कॉन्ट्रॉक्टर्स असोसिएशन ऑफ महाराष्ट्र

( ESTD 1925 REGISTERED UNDER NON-TRADING CORPORATION ACT 1969 )  
The Stock Exchange Tower, 1st Basement, Dalai Street, Mumbai-400001. Tel 22723668  
E-mail: [ecamindia@gmail.com](mailto:ecamindia@gmail.com)

Date:

The General Secretary,  
Electrical Contractors' Association of Maharashtra,  
The Stock Exchange Tower, 1 Basement, Dalai Street,  
Fort, Mumbai-400001.



Dear Sir,

We intend to enlist ourselves as Patron Membership / Term Membership / Ordinary Membership / Associate Membership of the Electrical Contractors' Association of Maharashtra.

We have read the aims and objects of the association and agree to abide by the Constitution and the bye-laws of the association and the rules and regulations there under in force from time to time. We give below details of our firm with names of Proprietors/Partners/Directors, their qualifications, addresses etc. We will inform you changes, if any, from time to time.

1. Name of the firm : \_\_\_\_\_
2. Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
3. Tel/Mobile No. : \_\_\_\_\_
4. Email ID : \_\_\_\_\_
5. Date and year of Establishment : \_\_\_\_\_
6. Electrical Contractor's Licence : \_\_\_\_\_
7. Name of Supervisor and his Permit No. : \_\_\_\_\_
8. Shop Act No. : \_\_\_\_\_
9. PAN No./ GST No. : \_\_\_\_\_

	Name of Partners/ Proprietors/Directors	Qualifications	Residential Address	Contact No.
a)	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
b)	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

(Add Extra sheet if required)

10. A reference may be made, if necessary, about us to the following member:

M/S.

M/S.

11. The following Persons will represent us:

a) Principal Shri/Smt \_\_\_\_\_

b) Alternate : Shri/Smt \_\_\_\_\_

12. We are members of the Electrical Contractors' Association of Maharashtra and we have pleasure

in Recommending the application of M/s \_\_\_\_\_

Name & Address of the Proposer	
Membership No.	(Signature)

Name & Address of the Seconder	
Membership No.	(Signature)

(To be signed by the Proposer & Seconder by affixing Rubber Stamp of his firm. They should be a bona de Member of ECAM)

We are Sending as Mentioned below Cheque/Cash for the membership:

a) For Patron Membership (Holding Electrical Contractors Licence)	Entrance Fee (One Time)	Rs. 1000.00
	Membership Subscription (25 Year)	Rs. 25000.00
	Membership Certificate	Rs. 200.00
	Identity Card	Rs. 50.00
	G.S.T. (As per Apply )@18%	Rs. 4725.00
	<b>Total</b>	<b>Rs. 30975.00</b>
b) For Term Membership (Holding Electrical Contractors Licence)	Entrance Fee (One Time)	Rs. 1000.00
	Membership Subscription (10 Year)	Rs. 5000.00
	Membership Certificate	Rs. 200.00
	Identity Card	Rs. 50.00
	G.S.T. (As per Apply )@18%	Rs. 1125.00
	<b>Total</b>	<b>Rs. 7375.00</b>
c) For Ordinary Membership (Holding Electrical Contractors Licence)	Entrance Fee (One Time)	Rs. 500.00
	Membership Subscription (One Year)	Rs. 1500.00
	Membership Certificate	Rs. 200.00
	Identity Card	Rs. 50.00
	G.S.T. (As per Apply )@18%	Rs. 405.00
	<b>Total</b>	<b>Rs. 2655.00</b>
d) For Associate Membership	Entrance Fee (One Time)	Rs. 2000.00
	Membership Subscription(One Year)	Rs. 3000.00
	G.S.T. (As per Apply )@18%	Rs. 900.00
	<b>Total</b>	<b>Rs. 5900.00</b>

To be Signed By Proprietor/Partner/Directors  
Affixing Rubber Stamp

**(FOR OFFICE USE ONLY)**

Date of receipt of the application

The above application was placed before Board of Directors for Consideration in the Meeting held on

and Board decided as under:-

1. The Applicant Firm Should be elected as Term Member/Licensed Member/Patron Member/Associate Member from above date

2. \_\_\_\_\_

Date	
Patron Member	
Term Member	
Ordinary Member	
Associate Member	
Cheque & Date	
Cash & Date	
Copy of Licence	
Supervisors Permit	

**President/Vice President/Chairman**

Form may be typed/handwritten in Capital letters and send to ECAM.

1. NAME OF MEMBER FIRM : \_\_\_\_\_  
(IN CAPITAL LETTER)
2. ECAM MEMBERSHIP NO : \_\_\_\_\_
3. NAME OF PRINCIPAL REPRESENTATIVE : \_\_\_\_\_  
Designation & Blood Group : \_\_\_\_\_
4. Name of Alternate Representative : \_\_\_\_\_  
Designation & Blood Group : \_\_\_\_\_
5. Office Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
6. Telephone No (Office) : \_\_\_\_\_
7. Telephone No (Resi.) : \_\_\_\_\_
8. Mobile No. : \_\_\_\_\_
9. Whatsapp No : \_\_\_\_\_
10. E-mail No. : \_\_\_\_\_
11. Class of Membership : PATRON / TERM / ORDINARY / ASSOCIATE MEMBER
12. Electrical Contractors Licence No & Date : \_\_\_\_\_
13. Residential Address of : \_\_\_\_\_  
Principal Representative : \_\_\_\_\_
14. Residential Address of : \_\_\_\_\_  
Alternative Representative : \_\_\_\_\_
15. Sign Under Rubber Stamp : \_\_\_\_\_

\_\_\_\_\_  
Principal Representative

\_\_\_\_\_  
Alternative Representative

16. Rubber Stamp/Seal of Member firm