

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** : **LIFE / 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**