



भारतीय सामग्री प्रबंधन संस्थान Indian Institute of Materials Management

NHQ: Plot No. 102 & 104, Sector-15, Institutional Area, CBD Belapur, Navi Mumbai-400614
Ph: 022-27561754, 27565831, Fax: 022-27565741, email: iimmnhq55@gmail.com/ members@iimm.co.in

MEMBERSHIP CATEGORY

Life Member Full Member Associate Member

SERVICING BRANCH

No.

FOR OFFICE USE NHQ ONLY

Name _____ Sex: Male Female

Designation _____

Name of Organization _____

Office Address _____

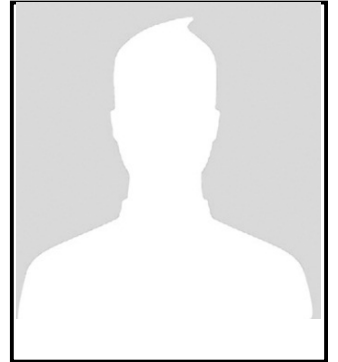
Tel. & Mob: _____ email _____

Home Address _____

Tel. & Mob: _____ email _____

Educational Qualification _____

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



Year	Year to	Position	Company / Organization

INDIVIDUAL FEES		
Category	Entrance Fee	Annual Subscription
Life Member	Rs.500/-	Rs.12000/- (One Time)
Member	Rs.500/-	Rs.1000/-
Associate	Rs.500/-	Rs.500/-

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 apply for membership of the institute with appropriate status.

I certify that all information supplied in the application is true and correct.

I undertake to abide by all rules & regulations of IIMM as on date and to be revised in future.

Eligibility: Associate:

Others: _____

Applicant's Signature

Date: _____

REFERENCE

(From IIMM Member / your immediate senior organization where worked / working who have a personal knowledge of IIMM.)

Signature **1st Referee** _____

Name: _____

Designation & Company _____

Mobile: _____

Email: _____

Dated: _____

Signature **2nd Referee** _____

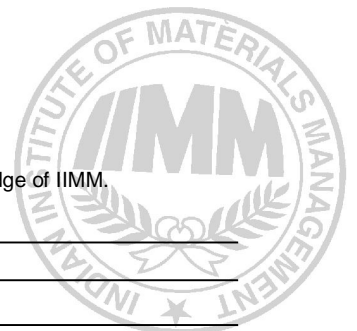
Name: _____

Designation & Company _____

Mobile: _____

Email: _____

Dated: _____



BRANCH CHAIRMAN