



Indian Dairy Association

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Please
affix your
photograph

APPLICATION FORM FOR ASSOCIATE MEMBERS (INDIVIDUAL) (FOR INDIAN CITIZEN)

Title Mr./Ms./Dr./Prof.

1. Name of Applicant (in capital letters)

First Name	<input type="text"/>
Middle Name	<input type="text"/>
Last Name	<input type="text"/>

2. Office Address

Designation	<input type="text"/>
Name of the Organisation	<input type="text"/>
Address	<input type="text"/>
Phone:	<input type="text"/>
Mobile:	<input type="text"/>
E-mail:	<input type="text"/>
Pin Code	<input type="text"/>

3. Mailing Address

<input type="text"/>
<input type="text"/>
Pin Code <input type="text"/>

4. Purpose of Joining IDA

<input type="text" value="To contribute towards furtherance of IDA's objectives."/>

5. Academic Qualification, if any

Degree/Diploma	University/Institution	Years Awarded
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Membership of Professional Bodies, if any

<input type="text"/>

7. Date of Birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

8. DD No. _____ Date _____ Name of the Bank _____

Declaration : The above information is true to the best of my knowledge and belief. If admitted, I undertake to abide by the Constitution of the Association as contained therein or as amended from time to time.

Date:

Signature of the applicant

NB: Terms & Conditions overleaf

Associate Membership Fee: Rs. 1500/-

Bank Details:

Saving Bank a/c No: 90562170000024, **IFSC:** SYNB0009009, **Name of Bank:** Syndicate Bank, **Branch Address:** Delhi Tamil Sangam Building, Sector- V, R.K. Puram, New Delhi 110 022 INDIA

NB: Associate Membership is valid for one-time event (Conference/Seminar) only.