

**EXECUTIVE CLUB OF AHMEDABAD
MEMBERSHIP FORM**

Type of Membership (Please tick mark the relevant box)

Individual – Annual

Corporate - Annual

Individual – Life

Corporate - Life

Details of the Member/Signatory

Name _____

Sex (M/F)

Age

Date of Birth _____

Organisation _____

Designation _____

Address for Communication _____

City _____

Pin

Phone (O) _____

(R) _____

E-mail: _____

Fax: _____

Qualification

Degree(s):(with specialization, if any)

Year

Description of Present Responsibility: _____

Membership Fees: Amount

Rs.

Cash/Cheque

Cheque No. _____ Dated ____ Bank Name: _____

Seal (in case of Corporate Membership) Signature: _____ **Date:** _____

Kindly return this form to

ECA Secretariat

Institute of Management, Nirma University,

Sarkhej-Gandhinagar Highway, Post: Chandlodia, Ahmedabad-382481

Phone:(02717) 241900-1-2-3-4, Fax: (02717) 241916, E-mail: eca@nim.ac.in