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## MEMBERSHIP FORM

NAME OF ORGANIZATION/NAME OF PERSON (if individual)

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ADDRESS

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CITY

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STATE

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PIN

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NAME OF CHIEF EXECUTIVE (if company)

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DESIGNATION

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TEL

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FAX

---

MOBILE

---

EMAIL

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WEBSITE

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DATE OF BIRTH

---

BUSINESS SECTOR

---

NAME OF CONTACT PERSON (if any)

---

DESIGNATION

---

TEL

---

FAX

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MOBILE

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EMAIL

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DETAILS OF MEMBERSHIP IN OTHER CHAMBER OF COMMERCE/TRADE ASSOCIATION

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Kindly fill up the Membership form and mail back the word document to [siddhi@ibg.org.in](mailto:siddhi@ibg.org.in) / [priya@ibg.org.in](mailto:priya@ibg.org.in) / [girish@ibg.org.in](mailto:girish@ibg.org.in). For more details, contact us on: Tel: 022-67471646, Fax: 022-67473821

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