

Membership Application Form MEMBER'S/COMPANY INFORMATION

Name of the Members:		
Name of Company:		
Office Address:		
	Brand Name	
Job Title:	Phone:	
Mobile:	E–mail (official):	
Email (personal):	Gender:	
Please describe your business:		
Birth Date:	Anniversary Date:	
Spouse Profession:		
Achievement:		
Interest/Hobbies.:		
Skills/Expertise:		
Category of Business:		
Retailer	• Developer	• Others
Type of membership:		
General	Associate	• Core
The annual membership fee is as follo	ows:	
General Member – Free		

ALL INDIA RETAIL GROUP (AIRG) www.airg.in, airgindia@gmail.com

Associate Member – Rs. 1000/-Associate Members – Rs. 5000/-



A / DD to be drawn in favor of "Retaile payable in Gurgaon	ers Welfare and Development	Association",		
Amount Rs.: Cheque / Der Drawn onBa				
Declaration: I hereby declare that the information provided above is true to the best of my knowledge, express our willingness to become members of AIRG, and abide by all rules and regulations of the law of the land and AIRG.				
Enclosures: a) ID Proof;	b) Address Proof;	c) Photograph		
Signature	.Date	Stamp		