#  **Lucknow Management Association**

(Affiliated to All India Management Association)

 R-6/7 Smriti Bhawan, Vipul Khand, Gomti Nagar, Lucknow

 Website: [www.lmalucknow.in](http://www.lmalucknow.in), Email: lmalucknow2016@gmail.com

#  **INSTITUTIONAL MEMBERSHIP APPLICATION FORM GROUP-B**

 (Application for Life Membership)

1. Name of the Organization ……………………………………………………………………………………

2. Name of Head of the Organization (Dr. /Mr. /Mrs.) ……………………………………………………..………..

3. Designation of Head of the Organization: ---------------------------------------------------------------------------------

4. Name of Manager for Correspondence with LMA (Dr./Mr./Mrs.) …………………………………….………...

5. Work Force (Numbers) ………………..

6. Nature of the Institution: Under Central Govt. /State Government/Public Sector/Private Sector/Autonomous

 /Trust/Society Act/Proprietary Firm/Others

7. Address:

|  |  |
| --- | --- |
| Office Address for Correspondence | Phone No :Mobile :Fax :Email : |
|  |

8. Name and Designation of 2 Members who would represent the Organization in LMA :

|  |  |  |  |
| --- | --- | --- | --- |
|  Name | Designation | Address for Communication | Email address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

9. Name of Business: (Marketing-Sales)/(Personnel-HRD)/Information Technology/Finance/Project Management/Mgmt. Development Prog./Manufacturing/Mgmt. Education/Consultancy Services/Others

10. Inception of the Organization (in years) …………………………………………………………………………..

11. Annual Turnover (in Rupees) …………………………………………………………………………………….

12. Area of Activity where your Organization/Professionals would like to contribute: Training Prog./Consultancy Services/Project Report/Management Research/Joining LMA’s-CEO’s Forum/Others

13. What services Institute expects from LMA……………………………………………………………………

14. DD/Cheque No. …………………. Dated …………….. Enclosed for Rs.18,000/ (life) **(Plus GST @ 18%).**

Authorised Officer Name & Designation ……………………………………….. Signature …………………………..

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### For office Use Only

### Recommended by: ED/GM Signature: Date :……………… Receipt No. …………….

 **Approved/ Not Approved**

 Treasurer Secretary Vice President Sr.Vice President President

 ----------------------------------------------------------------------------------------------------------------------------------------------------------------

Note: Small and Medium Enterprise: Criteria-Number of Employees less than 100 and turnover less than Rs 10 Crores per year<SME.doc>