ABAD MEMBERSHIP APPLICATION FORM. (upload at point 2 link)

Name of Applicant Firm / Company : _____

Name(s) of Proprietor /Partners/Directors:

1. _____ 2. _____

3. _____ 4. _____

Proposer:

_____
Signature of Proposer

_____
Name of Proposer

_____
Company's Name

Membership No. _____

Membership renewed up to _____

Membership with ABAD since _____

Standing with ABAD
more than 05 years [YES / NO]

Cell No._____

_____
Address:

_____

_____
Company's/Firm's Seal

Seconder:

_____
Signature of Seconder

_____
Name of Seconder

_____
Company's Name

Membership No. _____

Membership renewed up to _____

Membership with ABAD since _____

Standing with ABAD
more than 02 years [YES / NO]

Cell No._____

_____
Address:

_____

_____
Company's/Firm's Seal

Note: At least Proposer and Seconder with having minimum five years and two years standing respectively as member of ABAD. Only authorized representatives should sign as Proposer / Seconder provided all the dues of Proposer and Seconder are cleared.