

Form No.

Membership Form

Indian Nurserymen Association (Regd.)

Head Office : Chandni Chowk, Kaithal-136027 (Hr.)

1. Name & Postal Address
-
- State : PIN :
2. Name of Authorised Representatives (1).....(2).....
3. Telephone No. office / Nursery.....
- Resi. Fax.....
4. Location & area of Nursery.....
-Nearest Railway Station:.....
5. Year of Establishment:.....
6. Whether approved by Govt.....
7. Production Specialities :.....
8. Fee remitted (Life Membership Rs. 1000/- Plus admission fee Rs. 100/-) total Rs. 1100/- or
For allied to Horticulture (Rs. 2000/- Plus admission fee Rs. 100/-) total Rs. 2100/-
vide bank draft No.....dated.....Bank.....
Payable at Kaithal drawn in favour of Indian Nurserymen Association.
9. Recommended by :.....
11. Any other information :.....
-
-

Date :

Signature

Attach a copy of your latest catalogue/price list

.....

For Office Use Only :

Membership enrolment No. Dated :

Payment Recd. Rs..... On Date :

Receipt No. Sent : Dated :

No.

Provisional Receipt.

(Valid till the issue of official receipt from INA Office) Received Rs.....only for the Life
Membership of Indian Nurserymen Association, in cash / by bank draft No.....Dt.....
Payable to Indian Nurserymen Association, Kaithal-136027 (Haryana)