

MEMBERSHIP FORM

PLEASE AFFIX YOUR
LATEST PHOTOGRAPH
HERE

1. PERSONAL DETAILS

- I. Name: _____
- II. Date of Birth: _____
- III. Residential Address: _____
- IV. Family Detail:
- a. Father's Name: _____
- b. Mother's Name: _____
- V. Marital Status Yes No
- a. If married, Spouse's name: _____
- b. Spouse's Profession: _____
- c. Spouse's Company's Name: _____
- d. Son's Name: _____
- e. Daughter's Name: _____
- VI. Phone: _____
- VII. Mobile: _____
- VIII. E-mail: _____
- IX. Educational Qualification
- Graduate Post Graduate Professional
- Others, specify
- X. Enterprise Detail:
- a. Enterprise Type
- Manufacturing Trading Agriculture Service
- Others, specify
- b. Enterprise Scale:
- Micro/Cottage Small Medium Large

2. Do you want to give additional personal information? If yes, please specify here.

- I. _____
- II. _____
- III. _____

3. COMPANY DETAIL

I. Name: _____

II. Address: _____

III. Phone: _____

IV. Email: _____

V. Website: _____

VI. Designation : _____

VII. PAN/VAT no.: _____

VIII. Registration date: _____

IX. Registration at: _____

X. Yearly turnover _____

XI. Current Assets _____

4. Which address you want your correspondence to reach?

Residence Office

Any other, specify

5. Are you a member of any other organization? If yes, please specify here?

S.N	Name of Organization	Designation
1		
2		
3		
4		
5		
6		
7		
8		
9		

6. DETAILS RELATED TO FWEAN

a) How did you come to know about FWEAN?

b) Why do you want to become a member of FWEAN?

- a. Networking among fellow women
- b. Programs related with
 - i. Business / Profession
 - ii. Legal issues
 - iii. Women issues
- c. Opportunities to participate in training programs
- d. Expert opinion and guidance in your area of activity

c) Any other, please specify: _____

d) We would like to know how you see yourself contributing to the objectives of FWEAN.

- a. As trainers at seminars, workshops, etc.
- b. Becoming a part of the organizational structure of FWEAN
- c. Fund Raising / Sponsoring / Co-sponsoring events
- d. Contributing in Newsletter
- e. Attending seminars, conventions, debates, etc.
- f. Membership Development
- g. Any other please specify

h. Please elaborate on your choice(s)

e) How much time can you give to FWEAN activities?

- 1-3 hours per week 1-3 hours per fortnight 1-3 hours per month
- 1-3 hours per quarter 1-3 hours per half year 1-3 hours per year

f) What time would you prefer for FWEAN Programs?

- Weekdays Weekends
- Morning Afternoon Evening

g) What type of programs would you want in FWEAN?

a. Business Related

Entrepreneurial Business Support Finance

Marketing Advocacy Networking

b. General Interest

Economic Women Issues Social

c. Any other, Specify:

h) Membership proposed by (Existing Member) : _____

i) Membership Applied for

a. Individual Institutional

j) Payment Details:

To be filled by individual		To be Filled by Official	
Registration fee:		Date of Submission:	
Annual fee:		Approved Date:	
Total :		Payment Date:	
Drawn on Bank:		Approved By:	
Signature of Applicant:			

7. DOCUMENTS REQUIRED

- Copy of Registration certificate
- Copy of PAN/VAT
- Copy of Citizenship/ Passport
- CV
- 2 PP size
- Copy of Tax clearance