



Confederation of Indian Industry

CII's Indian Women Network (IWN) Membership Form for Individuals (Independent Professionals/Entrepreneurs)

Dear Madam,

I wish to apply to the IWN membership. The duly completed application form is submitted along with relevant documents.

I hereby declare that the mentioned particulars are true to the best of my knowledge and belief. Kindly acknowledge receipt of the above and confirm membership.

Yours faithfully

Signature:

Date

Please fill the form in **BLOCK** letters

Name:

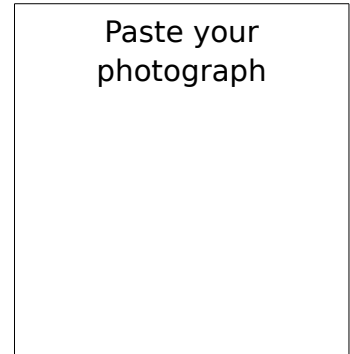
Designation:

Profession/Organisation:

Address:

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Contact number:.....Email:.....



About your Company/Organisation/Institution

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Enclosed is the Cheque / Demand Draft No.....
Dated.....
for Rs drawn
on in favour of Confederation of Indian
Industry, payable at par.

Encl:

1. Cheque / Demand Draft
2. Brief profile of the individual
3. Note on your expectations from IWN

I hereby give my consent to abide by the Rules and Regulations of IWN.

Signature:..... Name:.....

Date:..... Designation:.....

For IWN Office Use Only

Approval Date.....

APPLICABLE MEMBERSHIP FEE

Individual Members (Independent Professionals/ Entrepreneurs)	Rs 3500 + 14% ST = Rs 4007.50 per member/per annum
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