



Bihar Entrepreneurs Association

(A not-for-profit organization for Making An Enterprising Bihar)

MEMBERSHIP APPLICATION FORM

Dear Sir,

We wish to apply for BEA Membership. The Application Form, duly completed, is submitted along with the relevant supporting documents.

Kindly acknowledge receipt of the above and confirm my Membership.

Yours faithfully,

(Signature)

Date

Name	
Designation	
Organisation	
Address	

N.B.: This application should be proposed and seconded by two existing BEA members (Authorized Signatory with Company stamp).

Proposed by

15

Signature	
Name	
Designation	
Company	
City	

Seconded by

20

Signature	
Name	
Designation	
Company	
City	



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(Please fill in block letters)

1. Name of the organization / company : _____
2. Name and designation of Chief Executive : _____
3. Name and designation of principal representative for liaison with BEA : _____

(If you have other offices in India/abroad, please attach their complete addresses)

4. Address : _____

Phone : _____ Fax : _____
Email : _____ Website : _____

5. Type (indicate) Manufacturing Service Foreign Multinational
6. Sector (indicate) Public Central Public State Public Limited Private
 Joint Venture (% of foreign holdings) _____
(Please name the foreign partners) _____
7. Scale (indicate) Large Medium Small

8. Indicate the BEA Division(s) you would like to join : _____

9. Company data
(a) Capital employed (Investment in plant & machinery) : Rs. _____
(b) Sales turnover (last two years) : Rs. _____ in year _____
Rs. _____ in year _____

10. Major Activities
(a) Manufacturer of : _____
(b) Agents of : _____
(c) Services rendered : _____

11. How do you expect to benefit from BEA membership? (Attach separate sheet, if necessary) : _____

12. Payment details (a) Entrance fee : Rs. _____ (b) Membership fee : Rs. _____
Our cheque /DD No. _____ dated _____ for Rs. _____ Drawn on _____ favoring
"Confederation of Indian Industry" is enclosed.

- Encl: 1. Latest Annual Report / Balance sheet / Audited Accounts 2. Company Profile
3. Certificate of Registration, if SSI 4. Note on your expectations from BEA
5. List of Key Management Personnel 6. DD / Cheque

We hereby give our consent to abide by the Rules and Regulations of the Confederation.

Signature _____ Name _____
Date _____ Designation _____

FOR BEA OFFICE USE ONLY				
RC Meeting Approval Date : _____				
MEMBER CODE	<input type="checkbox"/> Charter	<input type="checkbox"/> Enterprise	<input type="checkbox"/> Youth / Student	<input type="checkbox"/> District President