



FOOTWEAR DESIGN & DEVELOPMENT INSTITUTE
Ministry of Commerce & Industry, Government of India

ASSOCIATE MEMBERSHIP APPLICATION

1. Applicant Organization Details

Name of Organization:

Type of Organization:

Manufacturer Exporter Importer Trader Other: _____

Nature of Business / Product Category:

Registered Address:

Factory Address (if different):

2. Contact Person Details

Authorized Contact Person Name:

Designation: _____

Mobile No.: _____

Email ID: _____

3. Statutory & Certification Details

GST No.: _____

PAN No.: _____

BIS License No. (if applicable): _____

Other Certifications (ISO / CE / etc.): _____

4. Associate Membership Category

(Tick the applicable membership level)

- Associate Membership – Gold (Rs.2 lac plus GST)
- Associate Membership – Silver (Rs.1 lac plus GST)
- Associate Membership – Bronze (Rs.25,000 plus GST)

(Membership benefits, terms & conditions and validity as per Gold, Silver and Bronze membership plans. Payment to be done in advance. Membership shall be valid for period of one year from the date of payment)

5. Declaration

I/We declare that the information provided above is **true and correct** to the best of our knowledge. I/We agree to abide by the **rules, terms & conditions** of the Associate Membership scheme of the laboratory.

6. Authorized Signatory

Name: _____

Designation: _____

Signature: _____ Date: _____

Company Seal:

7. For Office Use Only

Application Received On: _____

Membership Category Approved: _____

Payment Details _____

Membership No.: _____

Validity Period: _____

Approved By: _____

