#### SCAI Additional Member Application Form

## COMPANY INFORMATION

Member Company Name: ………………………………………………………………………………………………………………

Address:………………………………………………………………………………………………….................................................

..…………………………………………………………………………………………………………..................................................

Contact Name: …………………………………………………………………………………………………………………………….

Job Title: ………………………………………………………………………………………….………………………………………..

Phone No.: …………………………………Mobile No.: …………. ……………. Fax No.: …………………………………………

E-mail I’d: …………………………………………………………………………………………….………………………………………..

###### Recommended by: ………………………………………………………

Cheque / DD to be drawn in favor of **Shopping Centers Association of India**, payable at par in Mumbai

**Payment Details**

**Membership Fee Rs**……………… **Annual Fee Rs:** …………………………

Cheque / Demand Draft No: …………………………… Date: ………………………………

Drawn on Bank: …………………………………………………………………………...

Declaration

I/We hereby declare that the information provided above is true to the best of my/our knowledge and express my/our willingness to become a member of SCAI and that I/We shall abide by all rules and regulations laid by the Association.

Signature……………………………………………………Stamp

### For SCAI office use

Date of Joining: …………………………… SCAI Membership No: ……………………………

Signature of Approving Authority: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_