



**PLYWOOD & ALLIED PRODUCTS DEALERS
ASSOCIATION OF COCHIN (P A P A)**

Reg No. EKM/TC/79/2014
S R M Road, Cochin - 682 018

Membership Form

To
The Hon. Secretary
PAPA

Dear Sir,

Please enroll my/our name as a member of Plywood and Allied Products Dealers Association of Cochin (PAPA). I/we have read the rules and regulations of the association and undertake to abide by the name.

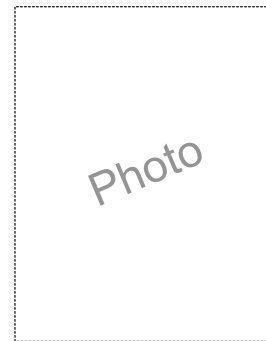
Name of Dealer:.....

Address of Dealer:.....

.....

Ph..... Mobile

GST No.....



Constitution of firm: Proprietary / Partnership

Name of Proprietor / Managing Partner

Residential Address:

Email id:.....

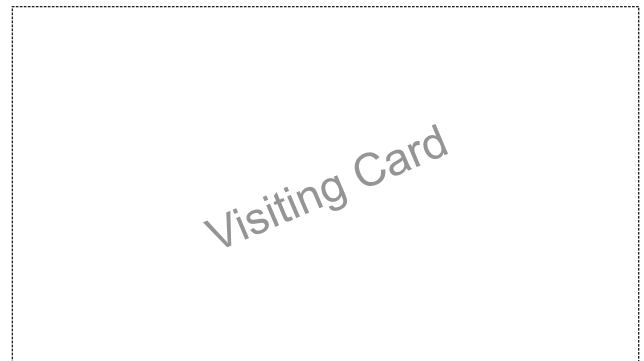
Birthday

Wedding Anniversary

I/we certify that the information
give above is correct.

Yours Faithfully

Signature with seal



For Office Use

Application for Membership has been received on.....and Executive committee
has decided to admit/reject the application. Membership Enrollment No.....

President

Secretary

Treasurer