



ASSOCIATION OF WELDING PRODUCTS MANUFACTURERS

C/o Ador Welding Ltd, Ador House 6, K. Dubash Marg,
Near Lion Gate Fort Mumbai 400 001

Application for Membership

To
The Chairman
Association of Welding Products Manufacturers
MUMBAI 400 001

Date:

Dear Sir,

We wish to apply for membership to the Association of Welding Products Manufacturers. The details of the company and nominee/s are furnished hereunder:

Name of Company :	
Registered Office :	
Name of Managing Director/Chief Executive :	
Products being manufactured : (Please tick)	<input type="checkbox"/> Welding Electrodes <input type="checkbox"/> SAW Fluxes <input type="checkbox"/> SAW Wires <input type="checkbox"/> GMAW Wires <input type="checkbox"/> FCAW Wires <input type="checkbox"/> Welding Transformers <input type="checkbox"/> Welding Rectifiers <input type="checkbox"/> Diesel Gen. Sets <input type="checkbox"/> MIG/MAG Eqpt <input type="checkbox"/> TIG Eqpt <input type="checkbox"/> SAW Eqpt <input type="checkbox"/> Systems <input type="checkbox"/> Others
Are you a Manufacturer? Yes/No	
Location of Manufacturing Plants :
GST No/PAN No :	GST No. PAN No.
Latest Year () Turnover (Please attach copy of annual report): Group Turnover in case of multiple companies Rs. Cr Latest Annual Report enclosed – Yes / No
Class of membership : Are you member of any other association, Name of association, if Yes :	Founder Member / Member Yes / No
Name/s of nominee/s : (Turnover Rs. 5 Cr to Rs. 50 Cr - 1 nominee) (Turnover > Rs. 50 Cr - 2 Nominees)	1. Name : Designation : Location : 2. Name : Designation : Location :
Name and designation of Person nominating the Member/s :	

We are enclosing herewith the applicable membership entrance fee and annual subscription for the year 2022-23 as detailed below.

Payment Details:

Entrance fee Rs. _____ Cheque No. _____ Dated _____ for Rs. _____

Annual Subscription Rs. _____ Drawn on _____ Bank, payable at _____

Total Rs. _____

FOR AWPM OFFICE USE

We hereby undertake to be governed by the rules and regulations / bye laws of the Association.

Date :

Place :

Signature of person nominating the Member/s