

## MEMBERSHIP FORM

PLEASE AFFIX  
 YOUR LATEST  
 PHOTOGRAPH  
 HERE

### A. PERSONAL DETAILS

Note : i. Please fill in capital letters  
 ii. One letter in one box  
 iii. Leave one box blank between two words

1. Name

2. Date of Birth  Please Tick FLO  YFLO

3. Residential Address

Phone Off. :  Resi. :

Mobile

E-mail

### 4. Educational Qualification

Graduate       Post Graduate       Professional       Others specify \_\_\_\_\_

### 5. i) Profession (Please tick)

- a) Self Employed       Manufacturing; Product .....
- Trading; Product .....
- b) Service       Public       Private       Joint       MNC
- Others, specify \_\_\_\_\_
- c) Professional       Academician       Architect       Artist       Consultant
- Chartered Acctt.       Doctor       Engineer       Home Maker
- Lawyer       Media       Politician       Sportsperson
- Social Service       Any other, specify \_\_\_\_\_

**ii) Company details, if applicable**

Name of the Company

Designation

Address   
  
 Pin

Phone  Fax

Email

Website

**6. Marital Status**

Single       Married

i) If married, Spouse's name

ii) Spouse's Profession       Business       Service  
 Others, specify \_\_\_\_\_

iii) Company's Name

**7. Which address you want your correspondence to reach?**

Residence       Office       Any other, specify \_\_\_\_\_  
\_\_\_\_\_

**8. Are you a member of any other organisation? If yes, Please specify here.**

i) \_\_\_\_\_  
ii) \_\_\_\_\_  
iii) \_\_\_\_\_

**9. Do you want to give additional personal information? If yes, please specify here.**

i) \_\_\_\_\_  
ii) \_\_\_\_\_  
iii) \_\_\_\_\_

**B. DETAILS RELATED TO FLO**

**1. How did you come to know about FLO?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Why do you want to become a member of FLO?**

(in order of preference)

- i) Networking among fellow women
- ii) Programmes related with 
  - Business / Profession
  - Socio - economic issues
  - General interest
  - Legal issues
- iii) Opportunities to participate in training programmes
- iv) Expert opinion and guidance in your area of activity
- v) Any other, please specify \_\_\_\_\_

**3. We would like to know how you see yourself contributing to the objectives of FLO.**

- Becoming a part of the organizational structure of FLO
- Fund Raising / Sponsoring / Co-sponsoring events
- Contributing in Newsletter
- Attending seminars, conventions, debates, etc.
- Membership Development
- Implementation of FLO programmes \_\_\_\_\_

Please elaborate on your choice (s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. What type of programmes would you want in FLO?**

- a) Business  Entrepreneurial  Skill Enhancement
- b) General  Art/Craft  Economic  Education  Health  Entertainment  Legal  Media  Political  Sports  Social  Women Issues  Others, please specify

**5. If you have any suggestions / comments regarding FLO and its activities, please write here.**

\_\_\_\_\_  
\_\_\_\_\_

**6. Membership proposed by \_\_\_\_\_ (Existing Member)**

**7. Membership Applied for-**

A. Individual

i. Annual

ii. Life

**OR**

B. Institutional

I. Annual

II. Life

**8. Payment Details:-**

Admission Fee Rs. \_\_\_\_\_

Subscription Rs. \_\_\_\_\_

Cash/Cheque/DD No. \_\_\_\_\_ dated \_\_\_\_\_ for Rs. \_\_\_\_\_

Drawn on (Bank) \_\_\_\_\_

**9. Signature of Applicant \_\_\_\_\_**

**10. Date \_\_\_\_\_**

Please return the form duly filled in along with the payment to:

The Executive Director, FLO, Federation House, Tansen Marg, New Delhi 110 001.

Phone : 23738760-70 (Extn. 416), Fax: 23752259, e-mail: flo@ficci.com

**OR**

**To your City Chapter: (Please Tick)**

1. Ahmedabad  2. Bombay  3. Chennai

4. Coimbatore  5. Hyderabad  6. Jaipur

7. Kolkata  8. North East - Guwahati

Name of the Chapter's Chairperson \_\_\_\_\_

**FICCI LADIES ORGANISATION**

*Head Office : FICCI, Federation House, Tansen Marg, New Delhi-110001, INDIA.*

*Tel. : 23738760-70 (Extn. 416), Fax : 23752259, E-mail : flo@ficci.com, Website : www.ficciflo.org*