



# All India Transporters Welfare Association

(Registered under Societies Act. of 1860)

M-5, Ashoka Centre, 4E115, Jhandewalan Extn., New Delhi - 110055

E-mail: - aitwaho@gmail.com Ph.No.011-49842807, Mob. No.- 9077774444, 9810267815

No.

## APPLICATION FOR MEMBERSHIP

To,  
The General Secretary,  
All India Transporters Welfare Association,  
M-5, Ashoka Centre, 4E115, Jhandewalan Extn.,  
New Delhi - 110 055

Dear Sir,

I / We give below the requisite particulars about our business to enable you to consider for Membership

- (1) Name of the Firm / Company / Association: .....  
(In Capital Letters)
- (2) Date of Incorporation : .....
- (3) Contact details : Add.....  
.....  
Pin.....Phone No.....  
E-mail ID: .....
- (4) Turnover of Last 3 Years (in Cr) : Years..... Amount.....  
Years.....Amount.....  
Years.....Amount.....
- (5) Name of Nominated Director / Partner/ : .....  
Owner With Residential Address  
(for Voting Rights - in case Life Member Add.....  
and Active Member)  
Pin.....Phone No.....  
E-mail ID.....
- (6) Name of 2 Representatives (1) .....  
with designation (will normally Add.....  
attend the meetings of AITWA) .....  
.....  
E-mail ID..... Mob. No.....  
(2) .....  
Add.....  
.....  
E-mail ID..... Mob. No.....
- (7) Type of Membership 1 Life Members ☐ 2 Active Members ☐  
3 Associate Members - Associations ☐

Enclosure: -

- (1) Memorandum and articles of Association
- (2) Financial Statements for 3 Years
- (3) Details of Branches with postal address Phone Number and Email Id (s)
- (4) Certifications of the Company (e.g., ISO, FFI, IBA IATA etc.)

(8) Enclosed Draft/Cheque No ..... Dt ..... For Rs.....

### DECLARATION

1. I/We agree to our name being placed on the register of Members in the event of acceptance of this Application by the Managing Committee.
2. I/We agree that in case I/We do not pay annual subscription in due time, I/We shall cease to be a member of AITWA. If so required, I/We shall make fresh application to become a member, and it shall be the sole discretion of the Managing Committee to accept it with or without any condition or reject it.
3. I/We declare that. I/We have studied the constitution and the Rules and Regulations of the AITWA and undertake to abide by these and infringement of any of these on my part, intentionally or otherwise, shall render my/our membership liable for termination.
4. I am enclosed three Passport Size Photo

Signature.....

Place.....

(Name of Signatory in Capital Letters)  
Designation and seal of Company  
Firm/Association/

Date .....

**Proposed by:**

**Seconded by**

Name in Full..... Name in Full.....

Company Name..... Company Name.....

Address..... Address.....

Membership No. AITWA..... Membership No. AITWA.....

Signature and Date..... Signature and Date.....

**Decision of Selection Committee:**

**Accepted**

☐

**Not Accepted**

☐

Fee: - Life Members ₹ 1,00,000/- once in Life Time  
Active Members ₹ 5000/- Yearly Associate  
Members ₹ 1000/- One Time (Associations)