



## Membership form

*Name of the organization	
*Address of the organization	
*Type of membership	<input type="checkbox"/> Founder <input type="checkbox"/> Associate Corporate <input type="checkbox"/> Associate <input type="checkbox"/> Affiliate <input type="checkbox"/> Honorary (Outstanding Individuals/Institutions who have expressed interest in the society)
*Key contact person	Name: ..... Email: ..... Mobile: ..... Landline: .....
*Details of head of the organization. (CEO, MD, Chairman, etc.)	Name: ..... Email: ..... Mobile: ..... Landline: .....
*Company's portfolio	<input type="checkbox"/> Retailer <input type="checkbox"/> Processor <input type="checkbox"/> Aggregator <input type="checkbox"/> Exporter <input type="checkbox"/> FPO / Beekeeper <input type="checkbox"/> NGOs <input type="checkbox"/> Others  Please Specify: .....
Company's financial report available in public domain	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Type of organization	<input type="checkbox"/> Pvt Ltd <input type="checkbox"/> Public <input type="checkbox"/> Co-operative <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Other  Please mention .....



Name of the overseas holding company (if applicable)	
*Overall business turnover of honey business	
National Bee Board registration	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes then please share registration number .....
FSSAI license /registration	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes then please share registration number .....
Details of membership of other similar associations/ societies, if any	<input type="checkbox"/> CII <input type="checkbox"/> FICCI <input type="checkbox"/> AIFPA <input type="checkbox"/> Other .....

**Details of the Company Representative for IHA**

*Details and designation of the nominee to represent company at India Honey Alliance	Name: ..... Designation: ..... Email: ..... Mobile: ..... Landline: .....
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We/I agree to abide by the Memorandum of Association and the rules of the India Honey Alliance

Company Stamp:

Signature of company's representative: .....

Date: .....

Name: .....

Place: .....

**Documents required of the organization**

1. GST No. of the organization
2. PAN No. of the organization
3. Hi-resolution logo of the organization

**Documents required of their representative**

1. KYC of their presentative  
(Aadhar card/Passport/Election card/ Driving license)

