

Application Form for Associate Membership

- 1) Name of Applicant Company :
- 2) Corporate Address :
- City :
- State :
- 3) Phone Nos: (O) : E-mail :
- Mobile No. : Web :
- Fax No. :
- 4) Name & Designation
(Nominated representative at IEIA) :
- 5) Type of Company (Please tick in appropriate box) :
- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Ltd. Company | <input type="checkbox"/> Pvt. Ltd. Company |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Proprietorship |
| <input type="checkbox"/> LLP | <input type="checkbox"/> Others Please specify..... |
- (Attach copy of Deed/Inc. Certificate)
- 6) Details of Directors and Partners :
- i) Name:..... DIN:.....
- ii) Name:..... DIN:.....
- iii) Name:..... DIN:.....
- 7) Details of Regional Offices, if any :
- i)
- ii)
- iii)
- 8) Business Category :
- | | | |
|--|--|---|
| <input type="checkbox"/> Exhibition
Organiser | <input type="checkbox"/> Service
Provider | <input type="checkbox"/> Venue
Owner |
|--|--|---|
- 9) Details of Service Rendered :
- | | | |
|---|--|---|
| <input type="checkbox"/> Stall Fabricators | <input type="checkbox"/> Walkie Talkie | <input type="checkbox"/> Advertising Agencies |
| <input type="checkbox"/> Security Agencies | <input type="checkbox"/> Potted Plant & Flowers | <input type="checkbox"/> Hotels & Service Apartments |
| <input type="checkbox"/> PCO – Professional Conference Organisers | <input type="checkbox"/> Manpower Agencies Provides | <input type="checkbox"/> Housekeeping Service |
| <input type="checkbox"/> Fire Fighting Equipment & Services | <input type="checkbox"/> Ambulance Services | <input type="checkbox"/> Exhibit Design & Fabrication |
| <input type="checkbox"/> Registration Agency & Hardware Suppliers | <input type="checkbox"/> Corporate Gifts & Mementoes | <input type="checkbox"/> Signage & Branding |
| <input type="checkbox"/> Event Management Companies | <input type="checkbox"/> Travel Agents | <input type="checkbox"/> Outdoor Advertising Agencies |
| <input type="checkbox"/> Audio Visual Equipment | <input type="checkbox"/> Architects | <input type="checkbox"/> Catering Services |
| <input type="checkbox"/> Logistics | <input type="checkbox"/> Others, please specify..... | |
- 10) Business Turnover last 3 years :
- FY Turnover
- FY Turnover
- FY Turnover

11) Professional experience in Exhibition Industry in last three years
(Please list out exhibitions organised/venue rented out for events/jobs undertaken etc.
on separate sheet if space here is inadequate)

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12) Organizational Strength of the Company

- i) Manpower (Personnel) : Qualified: Skilled: Others:
- ii) Business Tie-up/License/Collaboration
- iii) Equipment/Material
- iv) Details of venue and facilities etc.

13) Membership of any professional/service organizations

Yes No

If yes, please give names and address of such Organisations including type of membership.

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14) Whether having ISO Quality, Sustainability, Health & Safety, or any other certification. If so, details with date when

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We are interested in obtaining an Associate Membership of IEIA.

We agree to abide by the rules and regulations and constitution of I.E.I.A. We agree to furnish any other confirmation, document etc. required in connection with our membership.

We hereby agree to abide by IEIA Code of Ethics as a commitment to ethical practices in exhibition industry.

We enclose our Cheque/Demand Draft No. dated drawn on

..... Bank for Rs. (Rupees)

towards enrolment fee or Bank Transfer Details

Place: Signature:

Date: Name:

(Company Seal) Designation:

Company:

Address:

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.....

** All fields are mandatory*

A) Enrolment Fee (One time): Rs. 10,000/- + GST (for Associate Membership.)

B) Annual Subscription: Rs. 15,000/- + GST (Financial Year from 1st April to 31st March of next year)

Cheques to be made in favour of "INDIAN EXHIBITION INDUSTRY ASSOCIATION"

Note : Application Form duly completed along with the documents may be sent to:

IEIA Bank details as under:

Ms. Nidhi Sharma
Executive Director
Indian Exhibition Industry Association- IEIA
4th Floor, PHD House 4/2 Siri Institutional Area
August Kranti Marg, New Delhi- 110016 India
Tel: +91 41045481/483 | Email: ed@ieia.in

Bank Name: Kotak Mahindra Bank
Branch: Malviya Nagar, New Delhi
Account No. 4413073750
IFSC Code: KKBK0000194
MICR Code: 110485021
Swift Code: KKBKINBB
Branch: C-78, Malviya Nagar, New Delhi - 110017

All the payment are subjected to applicable taxes.



Indian
Exhibition
Industry
Association



IEIA Codes of Ethics

IEIA Code of Ethics is designed to promote credibility, transparency and ethical business practices in the Exhibitions and Trade fairs industry in India.

As IEIA members:

1. We agree to uphold the principles of respect, integrity, responsibility and professional behaviour in the conduct of our business and in our relations with our clients and colleagues.
2. We believe that a commitment to ethical conduct is a constructive approach to successfully achieving our professional goals.
3. We will respect IEIA's Statutes, internal Rules and all obligations arising from membership.
4. We will provide accurate, reliable information concerning our activities and commitments, to customers and the Association.
5. We will write contracts in such a fashion that they are clear and fair and honour them accordingly.
6. We agree to respect the intellectual property of others and to protect the confidentiality of privileged information provided to us during business activities.
7. We will support the practice of sustainable development within our industry.
8. We will strive to continually improve the level of our professional competence and ability.
9. We will support the Association's activities as it promotes, serves and represents the trade fair and exhibition industry.

Organisation: Signature:

Company Seal: Date: