SAMA™

SAFETY APPLIANCES
MANUFACTURERS ASSOCIATION

MEMBERSHIP

APPLICATION FORM

Develop & Enhance Health & Safety Solutions for India and globally

Membership Application Form

SAFETY APPLIANCES
MANUFACTURERS ASSOCIATION

To,
The President / Secretary
Safety Appliances Manufacturers Association
Unit # S-113, B-Wing, 2nd Floor, Express Zone
Commercial Hub (CELLO), Opp Oberoi Mall,
W. E. Highway, Goregaon (E), Mumbai - 400 063. India.

Dear Sir,

I / We intend to enlist myself / ourselves as Permanent / Ordinary Membership of the Association.

Name of Firm / Company / Organization: .....

.....

Office Address: .....

..... Pin: .....

GSTIN: | | | | | | | | | | | | | | PAN: | | | | | | | | | | |

Mob. No.: ..... Tel. No.: .....

Email ID: ..... Website: .....

Factory Address (if any): .....

..... Pin: .....

GSTIN: | | | | | | | | | | | | | | PAN: | | | | | | | | | | |

Mob. No.: ..... Tel. No.: .....

Email ID: ..... Website: .....

Name of Proprietors/ Partners / Directors : .....

Designation: .....

Address: .....

Tel. No. (Off): ..... Mob. No.: .....

Email ID: .....

SAFETY APPLIANCES
MANUFACTURERS ASSOCIATION

Affix your recent visiting card

Affix your recent photo

DETAILS OF YOUR COMPANY

Is the Company is Registered: : [ ] Yes / [ ] No

Key Indian states of your business interest: .....

We are engaged in:

Trading	[ ]	Student	[ ]	Govt or Semi Govt Organizations	[ ]
Manufacturing	[ ]	Corporate	[ ]	Individual or Professional	[ ]
Distributor	[ ]	Media Houses	[ ]	Institutional or Fellowship Membership	[ ]
Dealer	[ ]	Publications	[ ]		
NGO	[ ]	Construction	[ ]		

Select the segments that match your company profile:

Head Protection	[ ]	Hand Protection	[ ]	Emergency Eye/Face Wash & Safety Showers	[ ]
Eye & Face Protection	[ ]	Fall Protection	[ ]		
Hearing Protection	[ ]	Foot Protection	[ ]	Consultants & Media	[ ]
Body Protection	[ ]	Road Safety & Signage	[ ]	Environment Safety	[ ]
Respiratory Protection	[ ]	Marine Safety	[ ]		

No. of Employees (approx): ..... Year of establishment: .....

Location of major factories/branches: .....

Countries we export to: .....

Any other details: .....

Do you wish to join the Technical Committee in SAMA: [ ] Yes / [ ] No

If yes, name of the person: .....

Address: .....

Mob. No.: ..... Email ID: .....

I am / We are remitting Payment by Cheque / Bank Transfer of

1) INR [.....] 20,650/- For Permanent Membership

2) INR [.....] 10,030/- For Ordinary Membership

towards entrance & subscription fee towards my/our membership with the association.

Bank Transfer [RTGS / NEFT / IMPS]	SCAN TO PAY / QR CODE PAYMENT
Name : Safety Appliances Manufacturers Association **HDFC Bank Limited** Branch: Goregaon (West), Mumbai - 400 104. A/c. No.: 99991181265430 IFSC Code: HDFC0009460	**SAFETY APPLIANCES MANUFACTURERS ASSOCIATION** G Pay BHIM | UPI paytm PhonePe

I / We have read the objectives of the Association (www.sama.group) and agree to abide by it's constitution and Rule & regulations there under in force on a regular basis.

Name & Designation

Place & Date

Signature of Applicant
with Stamp

Safety Appliances Manufacturers Association

Unit # S-113, B-Wing, 2nd Floor, Express Zone Commercial Hub (CELLO),
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www.sama.group

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