

**APPLICATION FORM**  
**MEMBERSHIP OF ANDHRAPRADESH CORRUGATED BOX MANUFACTURERS' ASSOCIATION**

1. Name of the Applicant Company :
2. Address of the Factory with Phone/Fax, Email etc. :
3. Address for correspondence. (With phone/fax/) :
4. Name and Designation of Representative/s
5. Nature of Unit (Please specify whether Proprietary/Partnership/ Pvt. Ltd./) :
6. Had you been member of the Association any time? :
7. Are you a Member of any other Association/ Chamber of Commerce etc., if so please specify :
8. Line of activity with items manufactured :
9. Have you registered as SSI with Industries Department, AP? If so, please mention Registration No. and attach Xerox copy of Registration Certificate :
10. Installed capacity (Tons/Year) per shift :
11. Present Utilization of Installed capacity (in Percentage- as per Column 10 above) :

Date:

Signature of Applicant with seal

Cheque/Draft favouring **Andhra Pradesh Corrugated Box Mfrs Association** bearing No..... on .....Bank dated..... for Rs.....is attached towards Admission / Registration Fee.

Admission / Registration Fee : Rs.5,000/-

Annual Subscription \_\_\_\_\_Rs.\_\_\_\_\_For this year.....

Admitted as a Member on.....

Hon-Treasurer

Hon-Secretary

President