

Application form for the enrolment as a member of the City Managers' Association, Orissa (CMAO)



To,
The Secretary,
City Managers' Association Orissa
C/o Vice Chairman, Bhubaneswar Development Authority,
Sachivalaya Marg, Bhubaneswar - 751001, Orissa, India
Phone: +9437176717 E_mail: cmao@sancharnet.in.

Please paste
Photograph for
Individual and
Logo for
Organisation

Madam / Sir,
I hereby apply to be enrolled as member / associate member / life member of the City Managers' Association, Orissa. My particulars as are under:

- 1.Name:
- 2.Address:
- 3.Age:
- 4.Qualification:
- 5.Present Occupation:
- 6.Type of Membership Sought:
(Please tick / whichever is applicable)
 - (a) Institutional Membership:
 - (b) Individual / Professional:
 - (c) NGO:
 - (d) Other Institution:
 - (e) Associate Member :
 - (f) Life Member
- 7.Subscription paid for the year :
- 8.Details of remittance of fees :*

Amount of Rs. _____
Paid through Cash / Cheque / DD No. _____ dt. _____ drawn on the
_____ Bank in favour of _____

Signature of Applicant

For official use only
(Not to be filled by applicant)

Enrolment granted / rejected by the Managing Committee vide its resolution No.
_____ dated _____.

(Secretary)

Friends of Cities