



# **Federation of Indian Women Entrepreneurs**

## **Association Membership Application Form**

### **PROFILE**

Name of the Organization: .....

Address: .....

City: ..... State: ..... Country: .....

Pin code: .....

Tel: .....

Email: .....

Website: .....

Pan Number: .....

Company's Mission Statement.....

.....

Is your organization non-profit?      Yes            No     

Contact Person: .....

Your Current Designation in the Company: .....

Tel: ..... Mobile: .....

Email: .....

### **PROFESSIONAL PROFILE:**

- Description of business
- Focus Area
- Achievements

Please attach separately [max 150 words]



Membership:

Number of current members: .....

Criteria followed for membership qualification

.....

Mention benefits you expect from membership of FIWE

.....

Describe the projects / programs of FIWE you wish to be involved in

.....

What value can you add to FIWE

.....

Signature & Name of the authorized signatory with Company Seal:

Date: .....

Place: .....

- Associate Membership Rs 3500.00 (Annual)
- Registration Fees Rs 1000.00

**Mode of Payment:** Name of Bank.....

Cheque no. .... Dated.....

Please send a letter regarding above payment on Organisation letter head.