



KERALA MANAGEMENT ASSOCIATION

Management House, Kerala Management Avenue, Panampilly Nagar PO, Cochin-682 036

PhoneL 2317917, 2317966, Fax: 2317966

E-Mail: kma@vsnl.com Web: www.kma.org.in

**APPLICATION FOR PROFESSIONAL
Individual Life / Individual / Associate Individual / Student
MEMBERSHIP**

1. Name in Full (CAPITAL LETTERS) : _____
2. Date of Birth : _____
3. Address:

Residence	Office
Phone:	Phone: Fax:
Mobile:	
E-Mail ID:	

4. Address of Correspondence : **Residence** **Office**
5. Membership Applied for : _____
6. Are you already a Member of any LMA : _____
 Membership No. _____

7. Employment Bio-Data (Please fill up – Additional Sheet enclosed)
8. Academic/Professional Qualifications

University/Institution	Degree/Diploma awarded	Duration	Award in the year

9. Management Development/Training Courses Attended

Title	Association/Institution	Duration	Dates

10. Contribution towards Advanced of Professional Management

11. Research Work/Publication if any

(Please use additional sheet if required)

12. IN THE CASE OF STUDENT MEMBERS

- (a) Educational Qualifications : _____
- (b) Name of the Management Institute in
Which the Candidate is now studying : _____
- (c) The Class in which the Candidate is
undergoing studies : _____
- (d) If the candidate is a student member of
AIMA, the Registration No. & Date : _____

Notes: A passport size photograph and copies of certificates for (1) Proof of Age, and (2) Academic/ Professional Qualifications must be attached with this application form.
Please forward this application to KMA with crossed DD.

EMPLOYMENT BIO-DATA

1. Name of Organization : _____
2. Designation : _____
3. Date of Appointment : _____
4. Nature of Business/Profession

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5. Annual Turnover : _____
6. Your job profile in the present employment : _____
 (Please use additional sheets if necessary) _____
7. Previous experience

From	To	Name of organization	Designation	Job Details	Reporting To

8. **BUSINESS REFERENCE:** Please give the names and address of two persons, of which one should be your immediate superior and able to support your application by actual knowledge of your responsibilities. If you are head of your firm, please name two business/professional associates. One of your referees should preferably be a Member of KMA or a prominent person in the field of management or a Chairman/Managing Director of a member organization of KMA. Referees will be approached at the discretion of KMA.

Referee (1)	Referee (2)

9. DECLARATION BY APPLICANT

I declare that the statements made throughout this application are correct to the best of my knowledge and belief and that I agree to be governed by the bye laws of the Kerala Management Association. I also undertake to abide by the 'KMA Code of Conduct for Professional Managers' that the Managing Committee may frame from time to time.

10. PAY BY DEMAND DRAFT ONLY

Enclosed is draft No..... dated for Rs..... Drawn on (bank) in favour of KERALA MANAGEMENT ASSOCIATION and marked "Account Payee only"

Date: _____

Signature _____

KMA OFFICIAL USE	
Received on	
Amount received	
Receipt No.	
Membership Committee Decision	
Date of Admission	
Membership No.	
Date:	Signature: