



## CHARTERED ACCOUNTANTS ASSOCIATION, AHMEDABAD

### APPLICATION FOR MEMBERSHIP OF CHARTERED ACCOUNTANTS ASSOCIATION, AHMEDABAD

TO  
The Secretary,  
Chartered Accountants Association  
201, 2<sup>nd</sup> Floor, Darshak,  
14/B. Swastik Society,  
Opp. Shrey Hospital,  
Navrangpura,  
Ahmedabad - 380009  
Tele. : 079 40392596  
(M. NO. : 6351956842  
E-mail : caaahmedabad@gmail.com  
Website: www.caa-ahm.org

Attach  
Stamp Size  
Photographs

Name in Full Mr./Ms. \_\_\_\_\_ :

(First Name)

(Middle Name)

(Surname)

ICAI Membership no. \_\_\_\_\_ ICAI Membership Date \_\_\_\_\_

ICAI Membership Type \_\_\_\_\_ Academic Qualification \_\_\_\_\_

Marital Status \_\_\_\_\_ Anniversary Date \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Blood Group \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ GSTIN Company Name \_\_\_\_\_

Pan No. Personal \_\_\_\_\_ GSTIN No. Personal \_\_\_\_\_

Pan No Company \_\_\_\_\_ GSTIN No. Company \_\_\_\_\_

Member Working; Practice \_\_\_\_\_ Industry \_\_\_\_\_

Working for Area of Interest \_\_\_\_\_ Other Area of Interest \_\_\_\_\_

Address for Correspondence: Company Address or Personal Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Pin code \_\_\_\_\_

Telephone no. (O): \_\_\_\_\_ (R): \_\_\_\_\_ Mobile No. \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

I have read the Rules and Regulation of the Association and agree to abide by confirm with them and such other rules as may be amended from time to time.

\_\_\_\_\_  
(Signature of the applicant)

Date: \_\_\_\_\_

**KINDLY ENCLOSE: - PHOTOCOPY OF COP OR MEMBERSHIP ALLOTTMENT CERTIFICATE OF ICAI**

Proposed by:

Seconded by:

\_\_\_\_\_  
(Signature of the Proposer)

\_\_\_\_\_  
(Signature of the Seconder)

(Name: \_\_\_\_\_)

(Name: \_\_\_\_\_)

(Mem.No.: \_\_\_\_\_)

(Mem. No. : \_\_\_\_\_)

APPROVED BY THE EXECUTIVE COMMITTEE ON \_\_\_\_\_

\_\_\_\_\_  
(Signature of the President)

<b>DETAILS OF FEE PAID</b>	Basic	GST	Total	
<b>1. Admission Fees</b>	<b>500</b>	<b>90</b>	<b>590</b>	
<b>2. Life Membership Fee</b>				
(a) In case of Membership (of ICAI) for a period Of less than or equal to five years	8000	1440	9440	
<b>(b) In case of Membership (of ICAI) for a period Of more than five years</b>	<b>10000</b>	<b>1800</b>	<b>11800</b>	
<b>3. Annual Membership Fees</b> <b>If paid prior to June 30 of each financial year:</b>				
(a) In case of Membership (of ICAI) for a period Of less than or equal to five years	750	-	750	
(b) In case of Membership (of ICAI) for a period Of more than five years	800	-	800	
<b>1) If paid after September 30 of each financial year:</b>				
(c) In case of Membership (of ICAI) for a period Of less than or equal to five years	375		375	
(d) In case of Membership (of ICAI) for a period Of more than five years	400		400	
<b>4) Brain Trust Membership Fees</b>				
(a) In case of Membership (of ICAI) for a period Of less than or equal to five years	1000	180	1180	
(b) In case of Membership (of ICAI) for a period Of more than five years	1500	270	1770	
<b>5. Total Charges With GST</b>				

Paid Rs. \_\_\_\_\_ by \_\_\_\_\_ Cash/Cheque/D.D.No. \_\_\_\_\_ Dated \_\_\_\_\_  
drawn on \_\_\_\_\_ Bank Cheque/ D.D.

in Favour of 'CHARTERED ACCOUNTANTS ASSOCIATION, AHMEDABAD'

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of the Member)

**For Office Use**

Receipt No. \_\_\_\_\_ Date of Receipt. \_\_\_\_\_ Membership No. Allotted \_\_\_\_\_