#### SCAI Academic Member Application Form

## INSTITUTION INFORMATION

Name of Institute: ………………………………………………………………………………………………………………………

Address:…………………………………………………………………………………………………..............................................

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Contact Name: ……………………………………………………………………………………………………

Job Title: ………………………………………………………………………………………….……………………………

Phone No: ………………………………Mobile No. : ………..……………Fax No.: ……………………………

E-mail I’d: ……………………………………………………………………………………

GST Registration No.: …………………………

Recommended By (if any): ……………………………..

Cheque / DD to be drawn in favor of **Shopping Centers Association of India**, payable at par in Mumbai

**Payment Details:**

**Membership Fee Rs**……………… **Annual Fee Rs:** …………………………

Cheque / Demand Draft No: ……………………………………………

Date:……………………………………………Drawn on Bank: ………………………………………………………

Declaration:

I/We hereby declare that the information provided above is true to the best of my/our knowledge and express my/our willingness to become a member of SCAI and that I/We shall abide by all rules and regulations laid by the Association.

Signature……………………………………………………Stamp

### For SCAI Office Use

Date of Joining: …………………………… SCAI Membership No: ……………………………

Signature of Approving Authority: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_