



## JITO Ahmedabad Chapter

III Floor, Heritage TCL House, B/h Visnagar Bank, Nr. Gujarat Vidhaphith, Ashram Road, Ahmedabad-380014

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### JITO Business Networking Membership Form

Applicant's  
Passport size  
Photograph

Basic Information						
Name	First:	Middle:	Last:	Applicant's Passport size Photograph		
Mobile:	Email:					
Landline:	Birth Date:	Chapter:				
Business Details						
Name of Company:						
Business Address:						
Classification: Business						
<input type="checkbox"/> Trader <input type="checkbox"/> Manufacturer <input type="checkbox"/> Service						
JITO Member's Name:			Relationship with JITO Member:			
Membership:			Validity:			
Category:						
<input type="checkbox"/> Advertising & Media		<input type="checkbox"/> Automobile		<input type="checkbox"/> Dyes & Chemicals		
<input type="checkbox"/> Electricals		<input type="checkbox"/> Engineering		<input type="checkbox"/> Furniture & Furnishing		
<input type="checkbox"/> Electronics		<input type="checkbox"/> Insurance		<input type="checkbox"/> Share Broking		
<input type="checkbox"/> Information Technology		<input type="checkbox"/> Transportation		<input type="checkbox"/> Logistics		
<input type="checkbox"/> Pharma		<input type="checkbox"/> Plastic		<input type="checkbox"/> Packaging		
<input type="checkbox"/> Construction Materials		<input type="checkbox"/> Real Estate		<input type="checkbox"/> Textile & Garment		
<input type="checkbox"/> Education		<input type="checkbox"/> Gems & jewellery		<input type="checkbox"/> Finance		
<input type="checkbox"/> Metal - Ferrous & Non ferrous		<input type="checkbox"/> Printing		<input type="checkbox"/> Others _____		
Classification: Professional						
<input type="checkbox"/> Professional		<input type="checkbox"/> Advocates		<input type="checkbox"/> CA		
<input type="checkbox"/> Tax Consultant		<input type="checkbox"/> Doctors		<input type="checkbox"/> CS		
<input type="checkbox"/> Others _____		<input type="checkbox"/> _____ Years of Practice				
Sub category (Please Specify):						
Products/Services:						
Please specify only one service which you would like to promote in JBN						
Educational Background:			Name of JBN Member Reference: _____			
<input type="checkbox"/> Graduation <input type="checkbox"/> Post Graduation			Contact No. :			
I am member of other referral marketing platform						
I understand that my membership is conditional and I agree, accept and will by all the terms and conditions set forth herein and those contained within the JBN Member Policies, Guidelines and Code of Ethics, all of which I have had the opportunity to review on www.jitoahmedabad.org or have received. I understand and agree that upon my acceptance to JBN, fees are non-refundable and non transferable without exception, JBN Membership Committee is free to accept/reject my application or terminate my membership without explanation.						
Date :			Date :			
<b>Applicant Signature</b>			<b>Approved By</b>			
Note : Cheque in favour of "JAIN INTERNATIONAL TRADE ORGANISATION"						
FOR OFFICE USE	Cheque No.	Date	Bank	Receipt No.	Date	