



INDIAN INSTITUTE OF ARBITRATION & MEDIATION

IIAM MEMBERSHIP FORM

I / We have gone through the IIAM Membership terms and agree to abide by the same.

I / We would like to enroll as an IIAM Member in the following category.

Ex-officio

Corporate

Corporate & Partner with IIAM CMS

Ordinary

[] Life

[] Annual

Ordinary & Partner with IIAM CMS

Reciprocal

Associate

[] Life

[] Annual

Please find enclosed Cheque/DD No. _____ dated _____ for Rs. _____

I / We would like to renew my IIAM Membership in the following category.

Ordinary

[] Annual

Membership No. _____

Associate

[] Annual

Membership No. _____

Please find enclosed Cheque/DD No. _____ dated _____ for Rs. _____

(tick whichever is appropriate)

(Please enter the details in the form below)

Name:		
Address:		
Pincode:	City:	State:
Tel No.		Fax No.
Email:		Website:
Field of Activity:		
Name of representative:	Designation:	Mobile No:
Name of CEO:		

Date:

Seal & Signature:

- Duly filled up Membership Forms can be sent by mail to the nearest IIAM center with Membership fee by DD in favour of Indian Institute of Arbitration & Mediation.
- Approval and Renewal of membership will be the sole discretion of IIAM
- Membership number along with Membership Card will be issued after processing the membership form.