

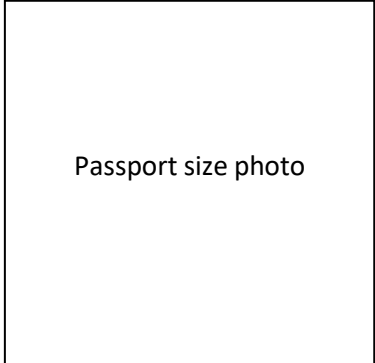


Agra IT Association (AITA) Membership Form

Welcome to the **Agra IT Association**! Please provide the following information to be a member and enjoy the benefits of our association.

Personal Information:

- Full Name:
- Blood Group:
- Email Address:
- Phone Number:



Company Information:

Company Name:

Year of Incorporation:

GSTIN:

Office Address:

Company Website:

Industry: Dealer/Software Development / Web Design / IT Services / Other

Brief Description of Business Activities (Deals In):

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.....
.....
.....

Membership Type: Individual / Family

Family Details:

Spouse Name:

Anniversary Date:

Childrens:

S.No.	Name	Age	Education	Interest

Member's Signature & Date