



SAFETY APPLIANCES  
MANUFACTURERS ASSOCIATION

# MEMBERSHIP APPLICATION FORM

*Develop & Enhance Health & Safety Solutions for India and globally*



## Membership Application Form

To,  
The President / Secretary  
Safety Appliances Manufacturers Association  
A/9, 1<sup>st</sup> Floor, Virwani Industrial Estate,  
Off. Western Express Highway, Opp. Oberoi Mall,  
Goregaon (E), Mumbai – 400 063. India.

Dear Sir,

I / We intend to enlist myself / ourselves as Permanent / Ordinary Membership of the Association.

Name of Firm / Company / Organization: .....

Office Address: .....

Pin: ..... PAN No.: ..... Mob. No.: .....

Tel. No.: ..... Fax No.: .....

Email ID: ..... Website: .....



Factory Address (if any): .....

Pin: ..... PAN No.: ..... Mob. No.: .....

Tel. No.: ..... Fax No.: .....

Email ID: ..... Website: .....



Name of Proprietors/ Partners / Directors : .....

Designation: .....

Address: .....

Tel. No. (Off): ..... Mob. No.: .....

Email ID: .....



Affix your recent visiting card

Affix your recent photo

## DETAILS OF YOUR COMPANY

Is the Company is Registered: : [  ] Yes / [  ] No

Key Indian states of your business interest: .....

We are engaged in:

- |               |                              |              |                              |                                 |                              |
|---------------|------------------------------|--------------|------------------------------|---------------------------------|------------------------------|
| Trading       | [ <input type="checkbox"/> ] | Student      | [ <input type="checkbox"/> ] | Govt or Semi Govt Organizations | [ <input type="checkbox"/> ] |
| Manufacturing | [ <input type="checkbox"/> ] | Corporate    | [ <input type="checkbox"/> ] | Individual or Professional      | [ <input type="checkbox"/> ] |
| Distributor   | [ <input type="checkbox"/> ] | Media Houses | [ <input type="checkbox"/> ] | Institutional or Fellowship     |                              |
| Dealer        | [ <input type="checkbox"/> ] | Publications | [ <input type="checkbox"/> ] | Membership                      | [ <input type="checkbox"/> ] |
| NGO           | [ <input type="checkbox"/> ] | Construction | [ <input type="checkbox"/> ] |                                 |                              |

Select the segments that match your company profile:

- |                        |                              |                       |                              |                       |                              |
|------------------------|------------------------------|-----------------------|------------------------------|-----------------------|------------------------------|
| Head Protection        | [ <input type="checkbox"/> ] | Hand Protection       | [ <input type="checkbox"/> ] | Emergency Eye/Face    |                              |
| Eye & Face Protection  | [ <input type="checkbox"/> ] | Fall Protection       | [ <input type="checkbox"/> ] | Wash & Safety Showers | [ <input type="checkbox"/> ] |
| Hearing Protection     | [ <input type="checkbox"/> ] | Foot Protection       | [ <input type="checkbox"/> ] | Consultants & Media   | [ <input type="checkbox"/> ] |
| Body Protection        | [ <input type="checkbox"/> ] | Road Safety & Signage | [ <input type="checkbox"/> ] | Environment Safety    | [ <input type="checkbox"/> ] |
| Respiratory Protection | [ <input type="checkbox"/> ] | Marine Safety         | [ <input type="checkbox"/> ] |                       |                              |

No. of Employees (approx):..... Year of establishment: .....

Location of major factories/branches:.....

Countries we export to:.....

Any other details:.....

Do you wish to join the Technical Committee in SAMA: [  ] Yes / [  ] No

If yes, name of the person:.....

Address:.....

Mob. No.:..... Email ID: .....

I am / We are remitting INR [  ] 17,500/- or [  ] 8,500/- (by Cheque/ Bank transfer) towards entrance & subscription fee towards my/ our membership with the association and oblige.

I / We have read the objectives of the Association (www.sama.group) and agree to abide by it's constitution and Rule & regulations there under in force on a regular basis.

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Name & Designation

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Signature of Applicant  
with Stamp

-----  
Place & Date

**Safety Appliances Manufacturers Association**

A/9, 1st Floor, Virwani Industrial Estate,  
Off Western Express Highway, Opp. Oberoi Mall,  
Goregaon E, Mumbai 400 063. India  
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🌐 www.sama.group



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