



Association of Municipalities and Development Authorities **(AMDA)**

Membership Form

Name of the Organization:

Name of the Head of Organization:

Postal Address:

District: State:

Postal Code: Email Address:

Phone (with STD code): Fax (with STD code):

Website: Date of Establishment of Organization:

Total Population served by Organization (According to latest Census):

Total Area of the Organization (in hectares):

NO MEMBERSHIP FEE TO BECOME AMDA MEMBER

Official Stamp and Signature

Please Note:

1. A formal decision to become a member of AMDA must be taken by the authority with the legal capacity to act on behalf of the Organization.
2. Once completed, please return this form at the address below:

Association of Municipalities and Development Authorities (AMDA)

7/6, Sirifort Institutional Area, August Kranti Marg, New Delhi - 110049, India. Tel.: 91-11-26494486, 26497973, Fax: 91-11-26491675
Email: amdadelhi@gmail.com Website: www.amdaindia.org