



CHAMBER OF COMMERCE & INDUSTRY FOR FACILITY MANAGEMENT & SMB

(The Apex Impact Body for Indian Industry and Societal Transformation)

MEMBERSHIP APPLICATION FORM – FY 2026-27

The Executive Secretary,
CHAMBER OF COMMERCE & INDUSTRY FOR FACILITY MANAGEMENT & SMB (CCIFMSMB)
Head Office: - 4 LSC Pocket 6&7 A Centre, Vasant Kunj, New Delhi - 110070
Email: - info11@ccifmsmb.co

Dear Sir/Madam,

We wish to apply for Membership of Chamber of Commerce & Industry for Facility Management & SMB. We agree with the objects of the Association and undertake to abide by its rules and regulations as framed by its Executive Committee.

Membership Categories: -

Membership Category	Sub-category	Eligibility	One Time Registration Fee (*)	Annual Fee (*)	Please Tick
Corporate Members	Large companies, exporters, industry leaders supporting MSMEs	Annual Turnover Above ₹250 Crore	₹ 5,000	₹ 50,000	
Ordinary Member	Micro Enterprise Member	Annual Turnover up to ₹5 Crore	₹ 2,000	₹ 10,000	
	Small Enterprise Member	Annual Turnover Above ₹5 Crore and up to ₹50 Crore	₹ 2,000	₹ 15,000	
	Medium Enterprise Member	Annual Turnover Above ₹50 Crore and up to ₹250 Crore	₹ 2,500	₹ 25,000	
Professional Members	Legal, CAs, CMA, CSs, HR Services Providers, etc.		₹ 2,500	₹ 20,000	
Institutional Partners	Academic Institutions, Universities, Trust, Associations		₹ 2,500	₹ 30,000	

* GST @18% will be applicable in addition.

Yours faithfully,

(Signature of Chief Executive Officer/ Managing Director/
Director/ Partner/ Proprietor)

Seal of the company



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Date: _____

Place: _____

FOR OFFICE USE ONLY

Date of Receipt of Application _____ By Courier/ Speed post/ Email/ By Hand _____

Demand Draft/ Cheque/ NEFT No. _____ Amount _____ Date _____

Documents Received _____

Information sent to Executive Committee _____

Additional Information Requested _____

Executive Secretary / Vice President/ President

COMPANY PROFILE: -

Name of Company / Organization _____

PAN No. _____

GSTN _____

Website _____

Name of CEO / MD / Director / Partner _____

Registered / Corporate Address _____

PIN Code _____ State _____

Telephone No(s). _____ Fax No. _____

Address of Factory (For manufactures) _____

PIN Code _____ State _____

Telephone No(s). _____ Fax No. _____

Correspondence Address _____

(if different from Registered /Corporate) _____

PIN Code _____ State _____

Telephone No(s). _____ Fax No. _____



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	Principal Nominee	Alternate Nominee
Name in full		
Designation		
City		
Telephone no/s.		
Mobile no.		
E-mail ID		

E-mail IDs (please provide at least two e-mail IDs and tick appropriate boxes):

		Weekly Report/e-newsletter	Business Enquiries	Programme Announcements	Policy Matters	Membership Renewal	General / others
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Company Profile (approx. 250 words)



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Management Details			
S. No.	Name	Designation	Writeup (Brief Profile)
1			
2			
3			
4			

Details of nature of business of the company/ product manufactured/ services offered: -

I hereby confirm that all information submitted herewith is true to the best of my knowledge. In case any information is found to be untrue my application and membership is liable to be cancelled.

Date: _____

Place: _____

CIN No of Company: _____

Seal of Company

*Signature of Chief Executive Officer /
Managing Director / Director/ Partner / Proprietor*

IMPORTANT NOTES: -

- Annual Membership Fee is payable in April every year.
- For New Membership the full fee will be paid at the time of admission of the member for the entire Calander year and a pro-rata adjustment will be made in the second financial year depending on date of admission.
- Annual Subscription & GST are subject to change as per Association Mandate and Government of India Rules.



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PAYMENT DETAILS: -

- Payments by DD/ At Par Cheque in favour of “**CHAMBER OF COMMERCE & INDUSTRY FOR FACILITY MANAGEMENT & SMB** payable at **New Delhi**.
- Bank details for IFSC/ NEFT/ RTGS: -
Bank: -
Branch Address: -
Branch Code No.: -
IFSC CODE No.: -
Beneficiary: - CHAMBER OF COMMERCE & INDUSTRY FOR FACILITY MANAGEMENT & SMB
A/c No.: -
GSTIN No.: -
PAN No.: - AAJCC0081B
TAN No.: -

FOR OFFICE USE ONLY: -

Date of Receipt of Application _____

Application approved by the Executive Committee _____

Place & City _____

Membership ID _____

Admission date _____

Approved / Not Approved _____

Remarks if Any _____

Executive Secretary

Executive Committee

Executive Committee