



INDIAN BAR ASSOCIATION

Regional Office : First Floor, Above Oriental Bank, Opp. B.S.E, Dalal Street,
Mumbai- 400001, Maharashtra • Email : indianbarassociation@hotmail.com

Membership Form

Date : _____

To,

The President and Members of the Managing Committee
Indian Bar Association, Maharashtra,
Dalal Street, Mumbai- 400001.

Passport
Size
Photo

Sir,

1. I desire to become a Member of your Association.
2. I am enrolled as an Advocate with Bar Council of Maharashtra & Goa. My date of enrolment is _____. My enrolment No. _____. [Please Attach Photocopy]
3. I undertake to abide by the Rules and Bye-laws of the Association as made from time to time.
4. I am aware that any notice put on the Notice Board of the Association will be NOTICE to me personally and I do not require further personal notice to me of any matters, including my membership or cessation of termination thereof.

I also accept the following terms and conditions:-

1. The application for Life Membership should be recommended by any two regular Senior Members of the Association who are members of I.B.A.
2. The Managing Committee reserves the rights to reject the application for Membership.

Your's Faithfully

(Signature)

Full Name : _____

Residential Address : _____

Tel. No. -

Mobile No.

Email Id: _____

Office Address : _____

Date of Birth: / /

Tel No.

Date of receipt of application :

Date of acceptance by Managing Committee :

Secretary

President