



Association of Certified Realtors of India (Regd.)

Correspondence Address : E-34, FF, East of Kailash, New Delhi-110065, Ph.: 9711114063

E-mail : info@acri.in, Website : www.acri.in

MEMBERSHIP FORM

1. Name _____
2. Sex: Male Female 3. Date of Birth _____ Wedding Anniversary _____
4. Father/Husband's Name : _____
5. Business Profile : _____

6. Office Address : _____

City _____ State _____ Pin Code _____ Ph. (O) _____
E-mail _____
Website _____
7. Residential Address _____

City _____ State _____ Pin Code _____ Ph. (R) _____
8. Type of Membership _____
9. Introduced by _____
10. In what way you can contribute to ACRI _____

11. Correspondence Address : Office Residence
12. Realtors Certificate Details _____
_____ Year _____, Certificate # _____, Batch # _____

Passport
Size
Photo
1 extra needed

MEMBERSHIP FEE DETAILS

Amount Rs. _____ (in words) _____
 Cheque / DD No. _____ Date _____
 Name of the Bank / Branch _____

(Cheque / DD in favour of "Association of Certified Realtors of India" payable at New Delhi)

Declaration : The information given above is correct to the best of my knowledge. I am solely responsible for its accuracy. I hereby affirm that I shall abide by the rules and regulations of ACRI.

Date _____ Name _____ Signature _____

Please Enclose : 2 extra Photographs, Photocopy of Realtor's Certificate, Copy of self attested Photo, ID Proof (Anyone: Driving License, Voter ID Card, Passport, Pan Card)

FOR OFFICE USE ONLY

Receipt No. _____ Dt. _____ Amount _____ For Rs. _____	Approved / Not Approved General Secretary / President
TREASURER	