



The Federation of Publishers' and Booksellers' Associations in India

84, Second Floor, Daryaganj, New Delhi – 110 002

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E-mail: fpbaindia@gmail.com ; info@fpbai.org Website: www.fpbai.org

The President,

Date: _____

I request you to please enroll us as your member. We enclosed cash/cheque/draft for Rs. _____ (Rupees _____), as per details given in Col. 12 below, for the Annual Membership fee. We understand that subscription period for annual membership fee is from 1st April to 31st March every year.

PHOTO OF
APPLICANT

Membership Application

1. Name of Firm _____
2. Complete Postal Address _____

3. State _____ Pin: _____ Phone (s) No. _____ STD Code: _____
4. Mobile No. (s) _____ Fax No.: _____ Website: _____
5. E-mail: _____ Year of establishment _____ Pan No. _____
6. G.S.T. No. _____ Aadhaar No. _____ C.I.N. No. _____
7. Constitution (Please tick the square applicable)
 Proprietor Partnership Private Ltd. Public Ltd.
8. Name (s) of Proprietor, Partner/Director Date of birth Date of marriage
a) _____ _____ _____
b) _____ _____ _____
c) _____ _____ _____
9. Nature of Business (Please tick the square (s) applicable)
 Publisher Wholesaler Library Supplier Retailer Subscription agent

In case of Library Supplier :

Please give names, address and telephone nos. of three major libraries to whom you are supplying.

a) _____

b) _____

c) _____

In case of Wholesaler:

Please give names, address & telephone nos. of two booksellers with whom you have been dealing and who are members of FPBAI or any State Association.

a) _____

b) _____

In case of Publisher:

Please enclose latest catalogue of your publications.

10. Subject of interest (Please tick square (s) as applicable)

- | | | |
|---|--|--|
| <input type="checkbox"/> Humanities & Social Sciences | <input type="checkbox"/> Management & Commerce | <input type="checkbox"/> Sciences : Pure & Applied |
| <input type="checkbox"/> Medical Sciences | <input type="checkbox"/> Engg. & Technology | <input type="checkbox"/> Journals, Magazines & Periodicals |
| <input type="checkbox"/> Institutional Publications | <input type="checkbox"/> Law | <input type="checkbox"/> Fiction & General |

11. Please tick your annual turnover of books/periodicals, including subscriptions on all India basis.

The following two categories are only applicable for membership w.e.f. **1st July, 2017**:

Annual Turnover	Membership Fee (Rs.)	Entrance Fee	GST @ 18%	Total (Rs.)
Upto Rs. 30 Lakhs	2,000/-	1,000/-	540/-	3,540/-
Over Rs. 30 Lakhs	3,600/-	1,000/-	828/-	5,428/-

**Note: Turnover (Upto Rs. 30 Lakhs) Chartered Accountant certificate required.
Turnover (Over Rs. 30 Lakhs) photocopy of PAN card required.
Outstation payment should be made by Demand Draft.**

12. Branch (es) with address (es) & phone Nos.

13. Names of three publishers/wholesalers with whom we have business dealings :

a) _____

b) _____

c) _____

14. Have you ever been a member of FPBAI? If Yes, please indicate membership no.

15. In case of partnership, the details of each partner:

a) _____

- b) _____
- c) _____

16. In case of private limited firm, the details of each director:

- a) _____
- b) _____
- c) _____

17. In case of associate firm, the details of each associate:

- a) _____
- b) _____
- c) _____

18. **PROPOSER:** I have known the applicant _____ Since _____ and consider them worthy of the membership of FPBAI.

Name _____ Signature _____

Designation _____ Address _____

Company's Rubber Stamp

SECONDER : I second the proposal

Name _____ Signature _____

Designation _____ Address _____

Company's Rubber Stamp

NOTE: The application for membership should be properly introduced by two existing members of the FPBAI or it should come duly recommended by any of its affiliated Associations listed below.

19. State whether you or your associate organization is member of any Regional/National Bookselling/Publishing Organization? Give full particulars of the Organization. (mandatory)

I hereby solemnly affirm and declare that the particulars given above are correct to the best of my knowledge and belief and nothing relevant has been concealed thereof. On behalf of my organization, I further undertake that I shall abide by all the rules and regulations of the Federation, terms of supply as approved by the Good Offices Committee from time to time. Whereas, in case of violation of the prescribed terms my membership shall be cancelled without any notice, whatsoever.

On behalf of my organization, I also undertake not to procure, sell, encourage, or deal in any other manner with pirated books. In case of violation in this behalf on my part, I will be liable for taking of action against me by the Federation to the extent of my/our cancellation of membership.

I also undertake to pay the subscription due to the Federation strictly in accordance with my annual turnover and on time.

I understand that in the event of non-payment of membership subscription on time, my membership shall automatically be cancelled.

Yours faithfully,

Name _____

Signature _____

Designation _____

Date _____

Company's address Rubber Stamp

Decision of the Federation

Considered in the E.C. meeting held on :

Accepted/Rejected at the meeting held on :

President
F P B A I

ASSOCIATE AND ASSOCIATION MEMBERS

1. The Bangalore Booksellers & Publishers Association, Bangalore
2. Bombay Booksellers & Publishers Association, Mumbai
3. The Booksellers & Publishers Association of South India, Chennai
4. All Assam Publishers & Booksellers Association, Assam
5. Delhi State Booksellers & Publishers Association, New Delhi
6. Lanka Booksellers Welfare Society, Varanasi
7. Publishers & Booksellers Association of Bengal, Kolkata
8. The Publishers & Booksellers Association Guild, Kolkata
9. Rajasthan Publishers & Booksellers Association, Jaipur
10. Booksellers & Publishers Association, Hyderabad