



Gujarat Chamber of Commerce & Industry

GCCI – Youth Wing Membership Form

I wish to become member of GCCI Youth Wing.

Name :			Paste Your Passport Photo Here
Address:			
City:	State :	Pin Code:	
Country :	Mobile:	Age :	
Marital Status :	DOB (DD/MM/YY):		
E-mail:			

❖ Education/Vocational Qualification

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Business/Company Associated with:			
Designation:		Years of Association:	
Office Address :			
City:	State:	Pin:	Country:
Email :		Mobile:	
Company/Firm GST No:		Industry Associated / Sector	

❖ Areas of Interest (Please Tick)

Speaker Series: <input type="checkbox"/>	Networking <input type="checkbox"/>	Mentorship Programme <input type="checkbox"/>	CSR <input type="checkbox"/>
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OTHERS (Please Specify) _____

❖ Achievements

Academics		
Professional		
Extra Curricular		

➤ GCCI Membership No....., if you are an existing voting member.

I certify that all the above information is true

(Signature)

(Date: DD/MM/YYYY)