

All prospective members of Mayu group is required to complete this registration form. Indicate any changes; Membership runs from round the year. NEW MEMBERSHIP RENEWAL Changes for directory?

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Prof	<input type="checkbox"/> Ms
Name of Individual						
Organization's Name						
Position/ Assignment					Work Phone (If Unique)	
Address 1					Principle Phone	
Address 2					Home Phone	
Town/City					Whatsapp	
Postal Division					Essential Email	
Country:					Auxiliary Email	

*Star the e-mail and phone number you would like listed in the directory

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	Please Check	Paste a Passport Size Photo here
Provisional Mayu group	Admission Fee (One Time)	\$750		
Provisional Mayu group	Annual Fee (Every Year Would be Charged)	\$1,250		
PER MANDAY RATE OF AUDIT(Separate Quotation Will Be Send)		\$250/ Manday		
Payment mode	<input type="checkbox"/> Online Payment <input type="checkbox"/> Pay Pal <input type="checkbox"/> Western Union <input type="checkbox"/> Others			

SECTION 3: MEMBER INFORMATION

OCCUPATION /INFORMATION/JOB TITLE:			
Member Mayu group : Yes	<input type="checkbox"/>	ould you like to receive DEMING RATING /It's Sister Organs membership information?:	Yes <input type="checkbox"/> <input type="checkbox"/>
EDUCATION & PROFESSIONAL BACKGROUND :			
Education Received :			
Occupation :		Years in Profession:	
DEMING RATING BACKGROUND :			
Total Years of Study:		Member of Club/Dojo:	
Following System(s) :			
Current Education and Issuing Organization(s):			
Declaration :	(National Organization Name)		
DEMING RATING RELATED CERTIFICATES :			

Applies for membership to the MAYU GROUP and submit this application form.

With this application we recognizes MAYU GROUP objectives and as the sole governing DEMING RATING organization representative in our country hereby certify that the information contained in this application is true and accurate to the best of my knowledge. All disputes relating to membership, accreditation, services/privileges, issue of Identity Cards, Certificates etc are governed by Civil Laws and Civil Courts only subject to Mumbai, (India) Jurisdiction.

Declaration: I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We aware that I/We may be held liable for it. I/We hereby authorize sharing of the information furnished on this form with the **Mayu Group**.

Date: _____

Signature: _____

To pay online: The Membership Fee in favour of "**Mayu Group**" or You can Transfer the Amount through Bank directly in A/C NO. 129502000000891, **Bank Name:** Indian Overseas Bank, Mumbai. **SWIFT Code:** IOBAINBB089. **Ifsc Code:**, IOBA 0001295 **Whatsapp. :** +91-8275879725

Regardless of payment method used, please **form** to be send at info@mayugroup.in . fill your details in and **make sure to send a copy of your** -mail, which includes, name, address, tel, fax, **epayment transfer receipt/-mail** and Whatsapp Number. Payment received **e-slip** **alongwith membership** will be updated at Mayu Group after 48 hrs.