

# Membership Form



**CAAS**  
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## Chartered Accountants Association, Surat

3rd Floor, Platinum Plaza, Opp. VT Choksi  
Law College, Parle Point, Surat - 395001

Phone No: 6353363583  
Visit us at [www.caasonline.org](http://www.caasonline.org)  
email: [info@caasonline.org](mailto:info@caasonline.org)

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### Personal details of the Member

Title*:	<input type="text"/>		
First Name*:	<input type="text"/>		
Middle Name*:	<input type="text"/>		
Surname*:	<input type="text"/>		
Date of Birth*:	<input type="text"/>	<input type="text"/>	
ICAI Membership No.*	<input type="text"/>	ICAI Enrolment Date:	<input type="text"/>
Other Qualifications:	<input type="text"/>		
Blood Group*:	<input type="text"/>	Area of Practice	<input type="text"/>

### Contact Details

Correspondence Address*:	<input type="text"/>		
Pin Code*	<input type="text"/>	Telephone - Office	<input type="text"/>
Mobile*:	<input type="text"/>	Telephone - Resi	<input type="text"/>
Email*	<input type="text"/>		
Website	<input type="text"/>		

### Details of Fees Paid\*

<input type="radio"/> Annual Membership Fees	<input type="text"/>
<input type="radio"/> 5 Year Membership Fees	<input type="text"/>
<input type="radio"/> Life Membership Fees	<input type="text"/>

**\*Note:** Life Membership Fees are being collected as part of corpus fund contribution

Paid by\*  number  drawn on  bank

in favour of "Chartered Accountants Association, Surat"

**Bank Name:** IDFC Bank Ltd

**Account Number :** 10067746355

**IFSC Code :** IDFB0042262

### QRCode for UPI/Wallet Payment



### Verification

I have read the Rules and Regulation of the Association and agree to abide by and confirm with them and such other rules as may be amended from time to time.

Date:

Applicant Sign\*:

### For Office Use Only

Approved by the Executive Committee on Date:  President's Sign