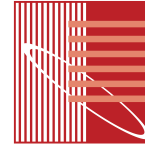


Web: www.ibpsaindia.org

E-mail: info@ibpsaindia.org



IBPSA-INDIA
International Building Performance Simulation Association

IBPSA-India

CORPORATE MEMBERSHIP APPLICATION FORM

Corporate Information

Name of the Organization: _____

Year of Incorporation: _____

Correspondence Address:

Pin Code: _____

City: _____

State: _____

Country: _____

Website of the Organization: _____

Type of Organization: _____

Use of Simulation:

Building Design

Building Commissioning

Building Operation

Teaching

Research & Development

Point of Contact with-in Organization

Primary Contact:

Name: _____

(First Name)

(Middle Name)

(Last Name)

E-mail ID: _____

Phone No.: _____

Designation: _____

Alternate Contact:

Name: _____

(First Name)

(Middle Name)

(Last Name)

E-mail ID: _____

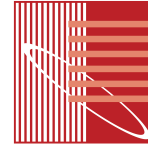
Phone No.: _____

Designation: _____

Please send this duly filled form to info@ibpsaindia.org along-with payment details for entitlement of your IBPSA-India corporate membership.

Web: www.ibpsaindia.org

E-mail: info@ibpsaindia.org



IBPSA-INDIA
International Building Performance Simulation Association

What are your expectations from IBPSA-India corporate membership? Please list up to three

1. _____

2. _____

3. _____

Membership Fee:

Membership Fees would be **INR 10,000** totally for a period of **2-years**. The membership renewal will be as per date of membership started. Members can pay the membership fee online by Internet banking, UPI or IMPS.

Online payment can be made to "**IBPSA-I SOCIETY**"; A/c No: **917010035701893**; Axis Bank Ltd, Sitapura, Jaipur, Rajasthan - 302012. (IFSC Code: UTIB0002982)

*Please mention First name in remark while transferring and send snapshot of the payment confirmation with the mail

Certificate by Applicant:

I hereby certify that the information provided above is true and correct to the best of my knowledge and if admitted, i will abide by the constitution and the rules & regulation of IBPSA.

Date

Signed By (Authorised Signatory
with Organization Stamp)

For Office Use:

Membership: Accepted / Rejected

Membership type _____

Membership Number _____

Please send this duly filled form to info@ibpsaindia.org along-with payment details for entitlement of your IBPSA-India corporate membership.