



Patent Agents Association

[Form - A]

I want to become a Member of the Patent Agents Association, India (PAAI)

Name _____ Email _____

Father's Name _____

Phone _____ Fax _____ Mobile _____

Residence Address _____

_____ PIN _____

Reg No at IPO _____

Nationality _____ Date of Birth _____

Practicing Patents? _____ Name of your company _____

Address of your office _____

I can help with the following volunteer tasks; please contact me:

Newsletter	Article Submission	Donate	Others (specify)	
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I would like to provide references of following Patent Agents:

S/N	Name of Patent Agents	Email	Contact No.
1			
2			
3			
4			
5			

I agree and accept to follow the rules and regulation of the PAAI.

Date _____

Place _____

Signature