

Plot No. St-4, Block-3, Adjacent Gulshan Flyover,
Opposite T.O Clinic Gulshan-e-Iqbal,
Rashid Minhas Road, Karachi-75300
Tel : 92-21-3496 1933 & 92-21-3496 1954
Fax : 92-21-3496 1806 Cell No: 92 331 2799 486
Email: secretariat@paa.com.pk & paasecretariat@gmail.com
Web : www.paa.com.pk



APPLICATION FORM FOR MEMBERSHIP OF DIGITAL ADVERTISING AGENCIES

The secretary General
Pakistan Advertising Association (PAA)
Karachi
Pakistan

I / We request you to enroll me / us as an associate member of the digital advertising agency of Pakistan Advertising Association. The necessary particulars are given below:

Name of Digital Advertising Agency_____

Complete Address_____

Website URL_____ Email_____

Telephone_____ Mobile_____ Fax_____

Name of the representative, who will Manage/Represent the digital Media

Name_____ Designation_____

Email_____ WhatsApp/Mobile_____

Valid CNIC No:_____ (Please Enclose Copy of CNIC)

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UNDERTAKING

I / We the _____ do hereby solemnly declare agree that I / We shall abide by the rules and Regulations of the PAA and further! I / We shall honor the commitments made by the PAA under their Constitution and also undertake to follow Ethical way of doing business.

CONSTITUTION

(a) If a limited company, give names of the Directors and Provide Memorandum & Articles of Association along with the Membership Form. _____

(b) If Proprietorship or partnership firm, Give names of Proprietor or partners and also provide partnership deed. _____

(c) Relevant experience of Proprietor/Partner OR Chief Executive _____

(d) Annual Fee Structure:

- PAA member Rs.10,000/= Per Annum
- Non PAA member Rs.25,000/= Per Annum

I / We also undertake to make Annual Subscription Fee timely every year.

Please note First year Fee for PAA members is FREE

Name: _____

Designation: _____

Signature and Seal of the
Company/Ad. Agency

Cheque / Demand draft / Pay order on account of Annual Subscription FEE for Digital Advertising Agency as under drawn in Favour of PAKISTAN ADVERTISING ASSOCIATION shall be provided along with the application form.

Date: _____ City: _____