



**PLEASE
ATTACH
PHOTO
HERE**

CORPORATE MEMBERSHIP APPLICATION FORM

APPLICANT INFORMATION

Company Name:		
Commercial Registration (C.R. No.):		
Nature of Business:		
COMPANY CONTACT DETAILS		
Telephone:	Fax:	P.O Box:
Email:		
Website:		
COMPANY REPRESENTATIVE DETAILS		
Name (in full):		
Position:		
Date of Birth (DD/MM/YYYY):	Nationality:	CPR No:
Telephone:	Mobile:	Fax:
Email:		

MEMBERSHIP SUBSCRIPTION

Rate BD 500 (Bahraini Dinars Five Hundred Only) Per Annum

SIGNATURE

I confirm that all information provided in this application form is correct.	
Signature of Applicant:	Date:

FOR OFFICIAL USE ONLY

Membership No:		
Approved By:	Position:	Date:
Approved By:	Position:	Date:

Requirements to be attached by the Applicant:

- One passport sized photographs. - For each member
- Copy of CPR.
- Copy of Commercial Registration.
- Company Profile.