



**PLEASE
ATTACH
PHOTO
HERE**

INDIVIDUAL MEMBERSHIP APPLICATION FORM

APPLICANT INFORMATION

Name (in full):		
Date of Birth (DD/MM/YYYY):	Nationality:	CPR No:
Profession:		
CONTACT DETAILS		
Telephone:	Mobile:	Fax:
P.O Box:	Email:	

MEMBERSHIP SUBSCRIPTION

Rate BD 300 (Bahraini Dinars Three 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.
- Copy of CPR.
- Company Profile.