

# Corporate Membership

Application Form 2018



**PLATINUM:** (company with more than 30 employees) ..... ☐ BHD 600  
**GOLD:** (company with 4 to 30 employees) ..... ☐ BHD 400  
**SILVER:** (company with 3 employees or less, and associations) ..... ☐ BHD 200  
**NON RESIDENT:** (company which is not established in Bahrain) ..... ☐ BHD 300  
**START-UP:** ..... ☐ BHD 150\*

## Business sectors:

- ☐ Accounting/Auditing
- ☐ Advertising/Communication
- ☐ Aerospace/Aviation
- ☐ Airlines
- ☐ Architecture/Interior Design
- ☐ Arts
- ☐ Automotive
- ☐ Banking/Finance/Investment
- ☐ Beauty
- ☐ Catering/Bakery
- ☐ Chemicals/Petrochemicals
- ☐ Construction/Engineering
- ☐ Consulting Services
- ☐ Consumer Goods
- ☐ Culture
- ☐ Decoration
- ☐ Defense/Security
- ☐ Distribution
- ☐ Education/Training
- ☐ Energy
- ☐ Engineering Consultancy
- ☐ Environment Services
- ☐ Electrical
- ☐ Events/Entertainment
- ☐ Fashion
- ☐ Food & Beverage
- ☐ Government Organization
- ☐ Healthcare
- ☐ Hospitality
- ☐ HR Recruitment
- ☐ Industrial Equipment
- ☐ Insurance/Reinsurance
- ☐ Legal Consultancy
- ☐ Leisure Services
- ☐ Logistics
- ☐ Luxury Goods
- ☐ Media
- ☐ Medical Equipment
- ☐ Non Profit Organization
- ☐ Oil & Gas
- ☐ Relocation Services
- ☐ Renewable Energy
- ☐ Retail
- ☐ Risk Management
- ☐ Sports
- ☐ Telecommunications
- ☐ Tourism & Travel
- ☐ Trading
- ☐ Transport Industry
- ☐ Water
- ☐ Other \_\_\_\_\_

## Company Information

Company Name \_\_\_\_\_  
☐ French Company ☐ Partly-French Owned ☐ Bahraini Company ☐ Non-Bahraini Company  
Telephone: + \_\_\_\_\_ Fax: + \_\_\_\_\_  
Website: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Country: \_\_\_\_\_  
CR Number: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

## Company Representatives

Representative 1  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Position: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Phone/Direct: + \_\_\_\_\_ Mobile: + \_\_\_\_\_  
Email: \_\_\_\_\_

Representative 2 (for Platinum and Gold membership only)  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Position: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Phone/Direct: + \_\_\_\_\_ Mobile: + \_\_\_\_\_  
Email: \_\_\_\_\_

Representative 3 (for Platinum membership only)  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Position: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Phone/Direct: + \_\_\_\_\_ Mobile: + \_\_\_\_\_  
Email: \_\_\_\_\_

(Please attach a photo for each representative)

## Payment

Payment can be made by cash, cheque or bank transfer only.  
Please fill this Application Form and send it back to: [admin@fccib.net](mailto:admin@fccib.net)  
This application will be processed and submitted to the FCCIB membership committee for approval.  
An invoice will be issued for payment of membership fees upon approval.

**By validating this form,** I hereby certify that all above information is correct & authorize the French Chamber of Commerce and Industry in Bahrain to publish the same in the Directory.

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Signature and Company Stamp: \_\_\_\_\_

## For Board Use Only

Board Member Approval

Date: \_\_\_\_\_