

Individual Membership

Application Form 2019



Categories

RESIDENT WITH VALUABLE EXPERIENCE (25 years old and more) ☐ BHD 100
NON RESIDENT: ☐ BHD 150
VIE/INTERN/STUDENT/YOUNG PROFESSIONAL (18-25 years old) ☐ BHD 30*

**All prices listed above are exclusive of tax and subject to VAT*

Sector of interest:

- ☐ 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: _____

Personal Details

First name: _____	
Last name: _____	
☐ Passport	or ☐ CPR
Number: _____	
Nationality: _____	
Position: _____	Mobile: + _____
Phone/Direct: + _____	
Email: _____	
Address: _____	
City: _____	Country: _____
Activity: _____	Field of Studies: _____

Why are you interested in joining FCCIB?

(Please attach an ID photo)

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
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: _____	

For Board Use Only	
Board member approval: _____	Date: _____
