

INDIVIDUAL MEMBERSHIP FORM

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MEMBERSHIP CATEGORIES

RESIDENT WITH VALUABLE EXPERIENCE: Must be older than 25 years old

NON RESIDENT: Individual living outside Bahrain

YOUNG PROFESSIONAL: 18-25 years old - Intern, V.I.E / V.I.A, student

BHD 110

BHD 165

BHD 55

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

INDIVIDUAL MEMBER INFORMATION

First name:

Last name:

Passport or CPR Number:

Telephone:

Email address:

Nationality:

Address:

City: Country:

Activity: Field of study:

MOTIVATIONS

Your motivation(s) to join FCCIB:

PAYMENT INFORMATION:

Payment can be made by cash, cheque or bank transfer only. This application will be proceeded and submitted to the FCCIB Membership Committee for approval. An invoice will be issued upon approval.

INDIVIDUAL SIGNATURE & APPROVAL

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

Date:

Name:

Signature and stamp:

FOR FCCIB USE ONLY:

Approval date:

Signature: