

# Membership Application



CEO Clubs Network®

## Membership Category

- Regular Membership AED 18,000**  
**One Year** US \$ 4,900
- Regular Membership AED 30,000**  
**Two Years** US \$ 8,200
- Premium Membership AED 55,000**  
**Five Years** US \$ 15,000
- Elite Membership AED 75,000**  
**Ten Years** US \$ 20,500
- VIP Membership AED 125,000**  
Yearly with exclusive benefits  
US \$ 35,000

## Payment Options

- Cheque**  
Payable to "CEO Clubs Network"
- Bank Transfer**  
Submit application to issue invoice
- PayPal**
- Credit Card Authorization**

*\* This membership application must be accompanied by payment before processing and approval.*

*\* Kindly fill all information and attach your business card*

## CEO Clubs Network

**P.O. Box: 58162, Dubai, UAE**

**Phone: +971 4 346 5101, +971 55 3847 066**

**Website: [www.ceoclubsuae.com](http://www.ceoclubsuae.com)**

**Email: [info@ceoclubsuae.com](mailto:info@ceoclubsuae.com)**

## Member Information

Title: Dr  Mr  Mrs  Ms  Miss

Full Name: \_\_\_\_\_

Age Group  25-30  30-35  35-45  45-55  55-65  65+

Date of Birth : Day \_\_\_\_\_ Month \_\_\_\_\_

Education level:  Bachelor  Master  Doctorate

Nationality: \_\_\_\_\_

Company Name: \_\_\_\_\_

Designation/Position: \_\_\_\_\_

Business Address: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_



Social Media: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Awards/Achievements/ Special Area of Expertise: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Corporate Information



CEO Clubs Network®

Short description of your business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many employees are in your organisation?

- Less than 50       50 – 200       201 – 500       Over 500

- Your annual sales volume is:  Less than \$5 million       \$5 - \$25 million       \$25 - \$75 million  
 \$75 – \$200 million       \$200 - \$500 million       Over \$500 million

Do you own majority control of your business?       Yes       No

Are you Director of your company?       Yes       No

## Type of business:

- Accounting     Agriculture     Art & Music     Aviation     Consulting     Defense  
 Energy     Financial Services     Government Entity     Health Care     Hospitality     Education  
 Legal Services     Logistic     Manufacturing     Media     Oil & Gas     IT  
 Real Estate     Retail     Sports     Trading     Transportation     Professional Services

Other (please specify): \_\_\_\_\_

Designated alternate representative: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ \* Membership terms and conditions apply

## Office use only

Membership Number: \_\_\_\_\_ Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Membership Payment Received by  Cash     Cheque     Bank Wire Transfer     PayPal     Credit Card     Other

Chapter: \_\_\_\_\_ Reference: \_\_\_\_\_