

# Corporate Membership Application



CEO Clubs Network®

## CEO Clubs Network

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### 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**  
**Plus 5% VAT**

### 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*

### 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

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

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

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

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

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

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

Your social media:        

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

Collection Items:

- Watches
- Pens
- Jewelry
- Cars
- Antiques
- Stamps
- Coins
- Paintings

Others: \_\_\_\_\_

Preferences:

- Tennis
- Golf
- Hiking
- Horserace
- Concerts
- Business & Leisure Travel
- Football
- Yoga

Others: \_\_\_\_\_

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

Are you interested in speaking opportunities?  Yes  No



# Corporate Information



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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: \_\_\_\_\_