

# Membership Form



## CEO Clubs Network

### Category

- Basic Membership      AED 18,000  
One Year US \$ 4,900
- Basic Membership      AED 30,000  
Two Year US \$ 8,200
- Premium Membership    AED 50,000  
Five Year US \$ 15,000
- Elite Membership        AED 75,000  
Ten Year US \$ 20,500
- VIP Membership         AED 125,000  
US                         \$ 35,000

## CEO Clubs Network

P.O. Box: 58162, Dubai, UAE  
Phone: +971 4 346 5101, +971 55 3847 066  
Website: www.ceoclubsuae.com

### Member Information

Title: Dr  Mr  Mrs  Ms  Miss

### Membership Payment Options

- Cheque  
Payable to "CEO Clubs Network"
- Bank Transfer
- PayPal
- Credit Card Authorization

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Payable to "CEO Clubs Network"

Personal Mobile: \_\_\_\_\_

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

\* This membership form must be accompanied by payment



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

Date of Birth: \_\_\_\_\_

Age Group:  Less than 35  36-50  51 and above

Education Level  Secondary  Professional Qualification  
 Bachelor  Master  Doctoral

Awards/Achievements/ Special Area of Expertise:

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# Corporate Information

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

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

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Short Description of your Business: \_\_\_\_\_

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Do you own majority control of your business?  Yes  No

How many employees are in your organisation?

1 – 10  10 – 50  50 – 100  150 – 500  Over 500

Your annual sales volume is:  Less than \$1 million  \$1 - \$10 million  \$10 - \$50 million

\$50 - \$100 million  over \$100 million

Are you Director of your company?  Yes  No

Is this a family business?  Yes  No

Type of business:

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

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

\_\_\_\_\_  
Name Signature Chapter 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