



Dilmun Club



MEMBERSHIP APPLICATION

MAIN APPLICANTS DETAILS

MEMBERSHIP NO.: _____ CATEGORY REQUIRED : **MARRIED** ___ **SINGLE** ___ **COUNTRY** ___

FULL NAME : _____ NATIONALITY : _____

POSTAL ADDRESS : P.O.BOX Number: _____

CPR NO.: _____ E-MAIL ADDRESS : _____

HOME TEL : _____ MOBILE TEL : _____ WORK TEL : _____ FAX NO : _____

EMPLOYER : _____ OCCUPATION : _____

PARTNERS DETAILS

FULL NAME : _____ NATIONALITY : _____

CPR NO. : _____ HOME TEL : _____

MOBILE TEL : _____ WORK TEL : _____ FAX NO : _____

E-MAIL ADDRESS : _____

CHILDRENS DETAILS

1 ST CHILD : _____	SEX _____	DATE OF BIRTH _____	CPR NO. _____
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2 ND CHILD : _____	SEX _____	DATE OF BIRTH _____	CPR NO. _____
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3 RD CHILD : _____	SEX _____	DATE OF BIRTH _____	CPR NO. _____
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4 TH CHILD : _____	SEX _____	DATE OF BIRTH _____	CPR NO. _____
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CONTINUED ON NEXT FORM (if applicable) : _____

DECLARATION & SPONSORS

I wish to apply for Membership of the Dilmun Club. The above details are accurate to the best of my knowledge. If this person is accepted all persons detailed above agree to abide by the Club's Constitution and Bye-Laws.

SIGNED : _____ DATE : _____

NAME : _____	MEM. NO. _____	SIGNATURE _____	DATE _____
PROPOSER			

NAME : _____	MEM. NO. _____	SIGNATURE _____	DATE _____
SECONDER			

APPROVAL

APPLICATION RECEIVED ON : _____

REASON FOR NON-PAYMENT OF **FEES / REGISTRATION** : _____

Chairman	Dep. Chairman	Treasurer	Secretary	Entertainment	Sport	House	Liaison

RECEPTION

ADVISED APPLICANT ON : _____ INITIALS : _____

INITIAL SUBSCRIPTION FEE DETAILS (SEE BELOW). MEMBERSHIP NUMBER ALLOCATED. _____

CARD(S) ISSUED ON : _____ INITIALS : _____

SECRETARY

DETAILS COMPUTERISED ON : _____ INITIALS : _____

OTHER INFORMATION FOR PRESENT OR FUTURE REFERENCE

NO LONGER A MEMBER : _____ ABSENT MEMBER APPROVAL ON : _____

ADDITIONAL INFORMATION FROM APPLICANT

SUBSCRIPTION PAYMENT RECORD

REGISTRATION FEE - SUM PAID : _____ ON : _____

INITIALS : _____ RECEIPT NUMBER : _____

SUM PAID : _____ ON : _____ PERIOD FROM/TO : _____ : _____

INITIALS : _____ RECEIPT NUMBER : _____

SUM PAID : _____ ON : _____ PERIOD FROM/TO : _____ : _____

INITIALS : _____ RECEIPT NUMBER : _____

THE DILMUN CLUB APPLICATION PROCESS

Please **FULLY** complete the Application Form (as well as the 'Interests Form') and hand it in to Reception. **The form must also be signed by a Proposer & Seconder who are current members of the Club.**

Please attach **TWO colour passport sized photographs of yourself and partner/spouse (if applicable) + CPR copy of Membership Holder.**

Please also attach **TWO passport sized photographs of children aged 14 and above and ONE photograph of children under 14 years of age (if applicable).**

We will contact you once the Executive Committee has approved your application. Once your Membership has been approved your Membership will commence from the day that you pay your fees at Reception.

MEMBERSHIP CATEGORIES AND FEES

Membership Rates	No Joining Fee	
	Married – Annual	BD 195.000
	Married – Six Months	BD 125.000
	Single – Annual	BD 175.000
	Single – Six Months	BD 110.000
	Country Member – Annual	BD 130.000

Married 'MARRIED' Membership entitles the applicant and a spouse or partner (of the opposite sex), plus any children of the applicant, spouse or partner to use the Club.

Children under 21 are included; if over 21 and a full-time student they are included on the parents' membership until their 23rd birthday.

SINGLE 'SINGLE' Membership entitles only the applicant to use the Club.

COUNTRY 'COUNTRY' Membership entitles the applicant, his wife and children to use the Club. The applicant must be **RESIDENT OUTSIDE BAHRAIN** and may use the Club up to a maximum of 52 days a year.

MAIN APPLICANT'S DETAILS

MEMBERSHIP CATEGORY	Tick the required Membership Category
CPR NUMBER	If you do not have a Bahrain CPR Card, please enter your Passport Number instead.
E-MAIL ADDRESS	If you want updates on club activities e-Mailed to you, please enter your email address
POSTAL ADDRESS	Please enter your PO Box Number , etc. (the address at which you receive your mail),

PARTNER'S DETAILS

Please complete this section only if you are applying for married membership.

CHILDREN

Please complete this section if you or your partner have children (as described above). If you have more than 4 children, tick the 'continued on next form' and enter the details on additional form(s). Please enter the exact date of birth, not just the year.

YOUR INTERESTS

By taking time out to complete this form you are assisting us in meeting your needs and contributing to the future of the Dilmun club.

Thank you for your help.