



# 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 <sup>ST</sup> CHILD : _____	SEX	DATE OF BIRTH	CPR NO.
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2 <sup>ND</sup> CHILD : _____	SEX	DATE OF BIRTH	CPR NO.
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3 <sup>RD</sup> CHILD : _____	SEX	DATE OF BIRTH	CPR NO.
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4 <sup>TH</sup> 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
<b>PROPOSER</b>			

NAME : _____	MEM. NO.	SIGNATURE	DATE
<b>SECONDER</b>			

## 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

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## 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 : \_\_\_\_\_

## CURRENT ACTIVITIES AVAILABLE AT THE CLUB

I am interested in the following current activities (*please tick*), and I would like my contact details passed on the present organizer or Section Head. I would also like to receive details of events when they occur :

FOOTBALL : \_\_\_ SQUASH : \_\_\_ DIVING : \_\_\_ TODDLER ACTIVITIES : \_\_\_ NETBALL : \_\_\_

TENNIS : \_\_\_ RIDING : \_\_\_ CHILD ACTIVITIES : \_\_\_ CANASTA:\_\_\_ MAHJONG:\_\_\_

DISCO'S : \_\_\_ \*FOOD : \_\_\_ SATELLITE SPORTS :\_\_\_ ENTERTAINERS :\_\_\_ QUIZZES : \_\_\_

LIBRARY \_\_\_ SEWING: \_\_\_ \* details sent by e-mail (if requested)

## POTENTIAL ACTIVITIES TO TAKE PLACE AT THE CLUB

I am interested in the following potential activities (*please tick*). This is for administration purposes to assess that there is enough interest to begin such an activity.

BASKETBALL : \_\_\_ CRICKET : \_\_\_ TEENAGER ACTIVITIES : \_\_\_ BOARD GAMES : \_\_\_

BRIDGE : \_\_\_ GYM : \_\_\_ BADMINTON : \_\_\_ FISHING:\_\_\_ AQUAROBICS :\_\_\_

BOWLS : \_\_\_ ARABIC ENTERTAINERS \_\_\_ FILMS :\_\_\_

OTHERS (*Please specify*) : \_\_\_\_\_

## CONTACT DETAILS FOR ACTIVITIES

Yes, I have an e-mail and would like details to be forwarded to my address :

\_\_\_\_\_

## HELPING TO ORGANISE ACTIVITIES

I would be willing to assist in the following current/potential activities as listed : \_\_\_\_\_

\_\_\_\_\_

## COMMENTS

Finally, I would like to make the following comment(s) regarding Membership Interests : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNED : \_\_\_\_\_ DATE : \_\_\_\_\_

\_\_\_\_\_

PO BOX 5268 MANAMA BAHRAIN TELEPHONE : 973 17690926 / 17692986 FAX : 973 17693032

E-MAIL : [dilclub@batelco.com.bh](mailto:dilclub@batelco.com.bh) WEB SITE : <http://www.dilmun-club.com>

## 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

<b>Membership Rates</b>	Joining Fee (applicable to new members only)	BD 15.000
	Married – Annual	BD 200.000
	Married – Six Months	BD 125.000
	Single – Annual	BD 170.000
	Single – Six Months	BD 110.000
	Country Member – Annual (Married/Single; no joining fee)	BD 75.000

**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 23<sup>rd</sup> 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

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

## 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.