



FEMALE NETWORK + THINK TANK

MEMBERSHIP FORM

*PLEASE COMPLETE AND SEND TO MARIAM@AFKARECH.COM

PERSONAL INFORMATION

FULL NAME: _____

AGE: _____

NATIONALITY: _____

MOBILE NO. : _____

ADDRESS IN BAHRAIN: _____

OFFICE NO. : _____

EMAIL: _____

EDUCATIONAL BACKGROUND: _____

CPR NO. (MANDATORY - PLEASE ATTACH COPY OF VALID CPR):

EMPLOYMENT / BUSINESS / AREA OF INTEREST: _____

LANGUAGES (PLEASE INDICATE WHETHER SPOKEN / WRITTEN & WHETHER BASIC (B), MEDIUM (M), FLUENT (F):

GENERAL INFORMATION

HOW / WHERE DID YOU LEARN ABOUT AFKARECH?

DO YOU KNOW ANYONE PERSONALLY / RELATED TO AN AFKARECH MEMBER?

DO YOU KNOW ANYONE PERSONALLY / RELATED TO AN AFKARECH MEMBER?

ARE YOU INTERESTED IN PROFESSIONAL / PERSONAL / SOCIAL DEVELOPMENT?

WHAT IS YOUR ESTIMATED AVAILABILITY FOR AFKARECH?

DO YOU HAVE A BUSINESS YOU WOULD LIKE TO ADD TO THE AFKARECH BUSINESS DIRECTORY?

EXPERIENCE AND SKILLS THAT YOU COULD USE TO HELP AFKARECH: _____

DETAILS OF ANY PREVIOUS EXPERIENCE AS A VOLUNTEER: _____
