



MEMBERSHIP APPLICATION FORM

First Name:	Last Name:	Gender:
Place of Birth:	Date of Birth:	Age:
Home Address:		
Mobile:	Email:	
Spouse Name:		
Business/Employer's Name:		
Position/ Title/Description:		
I am a: <input type="checkbox"/> Resident of Bahrain <input type="checkbox"/> PIO <input type="checkbox"/> Others:(please specify)		
Some Vocational & Personal Background Details That Will Enhance Your Association With GOPIO:		
Hobbies/Interests:		
I accept membership of GOPIO Bahrain Chapter, which is affiliated to Global Organization of People of Indian Origin (GOPIO International) and shall abide by the constitutional documents of this Chapter and its parent body. I recognize the importance of rendering personal service to my community in cooperation with other civic-minded persons. I understand that membership is not valid until approved by the Chapter's Board of Directors.		
Applicant's Signature:	Date:	
Proposed Member Nominated By:	Date:	
Board Approval On:	Secretary:	

