Maadi Egyptian British Cultural Society
Membership Application Form

Full Name_____

Home Address_____

Work Address_____

Telephone No._____Mobile Phone No._____

Current Occupation_____

Passport / ID Number_____Place of Issue_____

I, being of good standing and not deprived of my political rights hereby agree to abide by the regulations and statues of the Society, to accept the authority of the Board of Directors in the administration and management of the Society and the Board's ultimate authority in approving this application.

Signature_____

Date of Application_____

N.B. only those who have been members for six months or more are eligible to attend and vote at the AGM.

For official use only, to be filled out by the Society representative:

Date of Application_____

Type of Membership Active Affiliated Honorary

Date of Acceptance_____

Membership Number_____