



**MEMBERSHIP APPLICATION FORM**

**Institute Details**

Institute\Center Name: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
Office Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_  
MoL Licenses No: \_\_\_\_\_ C.R. No: \_\_\_\_\_

**Institute Representative**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Sex: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Office Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Institute\Center Stamp: \_\_\_\_\_

Date: \_\_\_\_\_

**Terms & Conditions**

- 1- BD 50\ the membership fees for two years.
- 2- In case the Institute representative is not the owner, authorization letter from the institute owner to be included along with the form.
- 3- Cheque Payment must be by crossed payable to Bahrain Society of Owners Institutes.
4. Direct Payment BBK Account No. 0100000123832

For any inquires relating to payment you can contact Mr. Saeed Taki on Tel. 39698909

**BSPTI Official Use**

Membership Approval  Yes  No

Finance Director: \_\_\_\_\_ President: \_\_\_\_\_