

# MEMBERSHIP APPLICATION

## PROFESSIONAL & STUDENT MEMBERS

<b>INDIVIDUAL MEMBERSHIP LEVEL</b>		<input type="checkbox"/> <b>PROFESSIONAL</b>	<input type="checkbox"/> <b>STUDENT</b>
<b>Member Details</b>		<b>Organization Details (Optional)</b>	
Name		Your Organization	
Profession		PO Box	
Email	1.	City	
	2.	Emirate	
Phone		Address Location	
Mobile (optional)		Telephone	
Professional Memberships/ Affiliations			
Academic Qualifications			

**1. Profile - Please attach copies of the following:**

- ☒ Profile/ CV for your membership (A4 page with a passport size photo).
- ☒ If applying for **Student Membership**, please attach letter from university confirming current full-time enrollment.
- ☒ Describe your main professional activities.

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**2. Member's Interests & Attitudes**

- ☒ Please indicate how you can contribute to EmiratesGBC?

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- ☒ Please provide brief details of how EmiratesGBC can help you and your expectations from the Council.

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**3. Corporate Social Responsibility (CSR) Activities/ Community Involvement**

- ☒ Please provide brief details of any CSR projects adopted by you that you consider relevant to the principles of environmental management and the EmiratesGBC.

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#### 4. Involvement with Sustainable Practices:

<input type="checkbox"/> Green Building	<input type="checkbox"/> Green Technology	<input type="checkbox"/> Environmental Management
<input type="checkbox"/> Sustainable Development	<input type="checkbox"/> Recycling Material	<input type="checkbox"/> Clean Production
<input type="checkbox"/> Energy Management	<input type="checkbox"/> Water Management	<input type="checkbox"/> Waste Management
<input type="checkbox"/> Operations with Low CO <sub>2</sub> Emissions	<input type="checkbox"/> Safety Management	

#### 5. Type of Involvement in the above

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#### 6. How did you hear about the EmiratesGBC?

<input type="checkbox"/> Media	<input type="checkbox"/> Colleagues	<input type="checkbox"/> EmiratesGBC Correspondence
<input type="checkbox"/> Web Site	<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Event
<input type="checkbox"/> International sources	<input type="checkbox"/> Referral (please state who referred you): _____	
<input type="checkbox"/> Other (please state): _____		

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

Email completed form to: [membership@emiratesgbc.org](mailto:membership@emiratesgbc.org)