



MEMBERSHIP APPLICATION

PROFESSIONAL & STUDENT MEMBERS

INDIVIDUAL MEMBERSHIP LEVEL		<input type="checkbox"/> PROFESSIONAL	<input type="checkbox"/> STUDENT
Member Details		Organization Details (Optional)	
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 ₂ Emissions | <input type="checkbox"/> Safety Management | |

5. Type of Involvement in the above

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): _____ | | |
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Name: _____

Signature: _____

Date: _____

Email completed form to: membership@emiratesgbc.org