

CEO Clubs Network Application



CEO Clubs Network®

Elite Category

- One Year with Exclusive Benefits**
US \$5,145
- Two Years with Exclusive Benefits**
US \$8,610
- Five Years with Exclusive Benefits**
US \$15,750
- Yearly VIP Membership with Utmost Benefits**
US \$35,000

Payment Options

- Cheque**
Payable to "CEO Clubs Network"
- Bank Transfer**
Submit application to issue invoice
- PayPal**
- Credit Card Authorization**

**This membership application must be accompanied by payment before processing and approval*

**CEO Clubs Members are committed to engage & add values to the CEO Clubs community*

CEO Clubs Network

Phone: +1 631 944 8438 (USA) +971 4 346 1112 (UAE)

📞 Mobile No: +971 55 3847 066

Website: www.ceoclubsnetwork.com

Email: info@ceoclubsnetwork.com

Member Information

Title: Dr Mr Mrs Ms Miss

Full Name: _____

Age Group 25-30 30-35 35-45 45-55 55-65 65+

Date of Birth: Day _____ Month _____

Education level: Bachelor Master Doctorate

Company Name: _____

Designation: _____ Nationality: _____

Business Address: _____

P.O. Box: _____ City: _____ Country: _____

Tel: _____ Mobile: _____

Email: _____ Website: _____

Your social media: _____    

Hobbies: _____

Collection Items:

- Watches
- Pens
- Jewelry
- Cars
- Antiques
- Stamps
- Coins
- Paintings

Others: _____

Preferences:

- Reading
- Tennis
- Golf
- Cricket
- Concerts
- Business & Leisure Travel
- Football
- Yoga

Others: _____

Awards/ Achievements/ Special Area of Expertise:

Are you interested in speaking opportunities? Yes No

Corporate Information



CEO Clubs Network®

Short description of your business: _____

How many employees are in your organisation?

- Less than 50 50 – 200 201 – 500 Over 500

- Your annual sales volume is: Less than \$5 million \$5 - \$25 million \$25 - \$75 million
 \$75 – \$200 million \$200 - \$500 million Over \$500 million

Do you own majority control of your business? Yes No

Are you Director of your company? Yes No

Type of business:

- Accounting Agriculture Art & Music Aviation Consulting Defense
 Energy Financial Services Government Entity Health Care Hospitality Education
 Legal Services Logistic Manufacturing Media Oil & Gas IT
 Real Estate Retail Sports Trading Transportation Professional Services

Other (please specify): _____

Designated alternate representative: _____

Referred by if any: _____

Signature _____ Date _____

* Membership terms and conditions apply

For Official Use:

Membership Number: _____ Approved: _____ Date: _____

Membership Payment Received by Cash Cheque Bank Wire Transfer PayPal Credit Card Other

Chapter: _____ Reference: _____