



MEMBERSHIP FORM

If you would like to become a member of the Middle East Publishers' Association, or would like to renew your membership, complete the form below, check the new or renewing box, then send it to MEPA, along with your cheque for the appropriate amount. (Note: Credit Card Payment is also accepted; please see Payment Terms in Page No. 3)

Date

PERSONAL DETAILS **MR** **MS** **DR** **OTHERS** _____

Name

Address

City Country ZIP

Home Phone Mobile No.

E-Mail

COMPANY'S DETAILS

Company

CEO

Name of the Representative of the Company

Address

City Country ZIP

Work Phone Work Fax

E-Mail

Web Site

Country of Registration

Registration Number

MEMBERSHIP DETAILS

MEMBERSHIP TYPE

- New
 Renewing

MEMBERSHIP CLASS

- Associate Membership AED 500/-

PAYMENT TERMS

Cheque

Amount	<input type="text"/>
Cheque No.	<input type="text"/>
Bank Name	<input type="text"/>
Br/Country	<input type="text"/>

Credit Card

Master Card Visa Card Others (Specify) _____

Amount	<input type="text"/>
Bank Name	<input type="text"/>
Credit Card No.	<input type="text"/>
Expiry Date	<input type="text"/>

DECLARATION

I hereby certify that the above information provided on this application is true and correct.

Signature Over Printed Name : _____

Date : _____