

MEMBERSHIP APPLICATION FORM

MEMBERSHIP CATEGORY

(Please select as appropriate)

Full Member

- Oil & Lube Refineries
- Gas Processing & NGL
- Fractionation Plants
- Fuel Handling / Marketing & Distribution Companies
- Plant Maintenance Companies
- Laboratories & Industrial Gases Companies
- Other Related Industries

Associate Member

- Supply Chain & Logistics Companies
- Refined Products Traders
- Service Providers (EPC / Licensors / Catalyst Vendors)
- Engineering Companies
- Consultants
- Equipment Manufacturers / Software & Automation Providers
- Health & Safety Environmental Management Companies
- Ports & Terminals

Business Partner

- Media & Advertising Agencies
- Supporting Agencies (Events, Training, Recruitment, Insurance, Legal, Finance, Transport, Printing)
- Other Related Businesses

MEMBERSHIP SUBSCRIPTION

New Application

Renewal

(complete financial section & update information)

ORGANISATION INFORMATION

(Please type or print clearly)

Name of Organisation

Registered in which Countries?

Registration / License No.

Year Established

Address

Office No. / Building No. / Street

City

State / Province

Zip Code

Country

Mailing Address

(If different from above)

Tel.

Country Code

Area Code + Number

Tel.

Country Code

Area Code + Number

No. of

Employees

Email

Website

Name

Designation

MEMBERSHIP APPLICATION FORM

MISSION STATEMENT

TASKS AND ACTIVITIES

LEVEL OF ACTIVITY

National Regional International

Is your company a member of other association(s)? Yes No

If Yes, please mention the name of the association(s).

Do you have a branch in the Kingdom of Bahrain that will deal directly with GDA? Yes No

If Yes, please share the following:

License / C.R.
Number:

Office
Address

Office No.:	Floor:	Building No.:	Road No.:	Block No.:
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Telephone
Number

MEMBERSHIP APPLICATION FORM

SPOC
(Single Point of Contact)

ROLES AND RESPONSIBILITIES

- Nominate SMEs if requested by GDA
- Link Corporate Business Strategy with GDA Objectives
- Ensure the agreed minimum availability of the nominated SMEs and provide back-up/replacement, as and when needed, by negotiating with respective functional heads of the nominated SMEs
- Resolve issues escalated by the Tech Committee Chairperson / GDA Technical Manager
- Coordinate with GDA and facilitate access to corporate resources for achieving GDA goals/objectives
- Support GDA Technical Committees in developing ideas, proposals and new initiatives to benefit GDA members

NOTE: By filling up the form bellow, you have indicated your agreement to the above mentioned roles and responsibilities.

PRIMARY SINGLE POINT OF CONTACT

Gender Male Female Title Dr. Mr. Ms. Mrs. Prof. Other _____

First Name

Middle Name

Last Name

Position

Country

Email

Telephone

Mobile

SECONDARY SINGLE POINT OF CONTACT

Gender Male Female Title Dr. Mr. Ms. Mrs. Prof. Other _____

First Name

Middle Name

Last Name

Position

Country

Email

Telephone

Mobile

MEMBERSHIP APPLICATION FORM

ANNUAL MEMBERSHIP FEE

Full Member
USD 6,000

Associate Member
USD 4,000

Business Partner
USD 2,000

NOTE: All prices mentioned in this Form are exclusive of any applicable taxes, including but not limited to VAT, corporate income tax and indirect tax that may be imposed by any public or governmental authority in the Kingdom of Bahrain. The Applicant shall bear the cost of, and be responsible for the payment of tax imposed, if any

PAYMENT

Payment can be made by Cheque, Wire Transfer or Bank Transfer. Cheque and money order should be payable to Gulf Downstream Association (GDA), must be the exact invoice amount and in US Dollars. Any bank charges will be borne by the sender.

Payment Method

Cheque

Bank Transfer

Wire Transfer

Our Bank Details: Gulf Downstream Association
Ahli United Bank B.S.C. – Manama, Bahrain
A/C No.: 0016-228687-001
IBAN No.: BH90AUBB00016228687001
SWIFT: AUBBBHBM Currency: US Dollars

AUTHORISATION

As an authorised representative of this organisation, I affirm that all information written / submitted / indicated in this Membership Application Form is true and accurate.

_____ Printed Name

_____ Signature

_____ Date and Stamp

Please note that membership shall only be activated upon receipt of the payment and the application has been approved by the Secretary General and Membership Committee.

FOR GDA USE ONLY

Reviewed and Verified by:

A P P R O V E D	_____ Printed Name	_____ Signature	_____ Date
	_____ Printed Name	_____ Signature	_____ Date

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Membership Number

Date of Renewal (for existing members)

Date of Expiry