



SEBA AFIFILIATE MEMBERSHIP
APPLICATION FORM

Date: _____	Code No.: _____
SEBA member, Company Name: _____	

Affiliate Member General Data:

Family Name: _____

First Name: _____

Job Title: _____

Company Activities: _____

Address: _____

Town/ City: _____

State/ Country: _____

P.O Box: _____

Zip Code: _____

Telephone: _____

Mobile: _____

E-mail: _____

Fax: _____

Web Site: _____

Current / Potential Business with Switzerland: _____

Required Fees for Affiliate Membership

1000 LE Enrollment Fees

2000 LE Annual Membership Fees (the company should pay it annually to SEBA in addition to the corporate fees)

Please fill in the form (all fields) and submit it with 2 recent photos, business card, to email: dalia.amer@swisscham.cc, executive.director@swisscham.cc, Tel: 0100 3778855 / 0100 2514752

The payment fees should be done with one of the following methods:

- a- **Cash** directly at SEBA premises. (7Dr. Mohamed Kamel Hussein Str., ElNozha ElGedida, ABB Building)
- b- **Cheque** by the name of **SEBA** (please write the name only in English)
- c- **Bank Transfer** at **CIB – ABB Branch** in favor of **SEBA, Account No.100020646157**

Affiliate Member

Corporate President

Signature

Signature

Corporate Stamp
