

## Application for Society Membership

Heliopolis Society for the Social and Cultural Care of English Speaking Foreigners

جمعية مصر الجديدة للثقافة والرعاية الاجتماعية للأجانب الناطقين الانجليزية

### Please complete all boxes clearly in CAPITAL letters (Parent's Data)

Parent Surname	<input type="text"/>	Parent First Name	<input type="text"/>	Parent Middle Name	<input type="text"/>
Nationality	<input type="text"/>	Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Passport No	<input type="text"/>	Type of Visa	<input type="text"/>		
Complete Name of Youngest child at NCBIS	<input type="text"/>	Year Group	<input type="text"/>		
Company Name	<input type="text"/>	Position	<input type="text"/>		
Office (Cairo) Address	<input type="text"/>	Office Tel.	<input type="text"/>		
		Office Fax	<input type="text"/>		
Home (Cairo) Address	<input type="text"/>	Home Tel.	<input type="text"/>		
		Mobile	<input type="text"/>		
Education Certificate	<input type="text"/>	Email	<input type="text"/>		

**Kindly attach a copy of your passport to the application**

- I hereby apply for membership of the Heliopolis Society for the Social & Cultural Care of English Speaking Foreigners.
- I understand that my membership application will have to be approved by the Board of Directors.
- I acknowledge that I am not eligible to vote at Society meetings until I have been registered for at least 6 months.
- I further agree to pay the annual membership fee of (LE 120 for the first year, for subsequent years I will pay LE 60) which will be invoiced to me annually in the invoice for the Autumn Term.
- I confirm that all above information is accurate and valid.
- I will advise the Society in writing of any changes to the above information within one week of the change occurring.
- Society Membership is terminated upon the student departure.
- I hereby acknowledge that I am fully aware of the Society's by laws and that I agree to abide by them.

**It is important to remember that both parents are eligible for membership of the Society  
 A copy of the Articles of Association are held in the Society Representatives' office at NCBIS**

Signature of Applicant

Date

### For Office Use Only

Initial Fee of LE 120 paid on (date)	<input type="text"/>	Invoice or Receipt No.	<input type="text"/>	Date & Initials of Finance Manager to verify payment	<input type="text"/>
BOD Approval	<input type="text"/>	Date of Approval	<input type="text"/>	Date & Initials of Registrar to verify on register	<input type="text"/>
Membership No.	<input type="text"/>	Date Membership Terminated	<input type="text"/>	Date & Initials of Society Officer to verify entry on Ministry list	<input type="text"/>

Address: Road 17, 1<sup>st</sup> District, 3<sup>rd</sup> Zone,  
 5<sup>th</sup> Settlement, New Cairo, Cairo, Egypt

Tel: +202 2565 7115 / 20 / 21 Fax: +202 2565 7316

E-mail: info@ncbis.co.uk Web: www.ncbis.co.uk



@NcbisSecondary



@ncbis.tigers

@NcbisPrimary

@New Cairo British International School

@NCBISDutch



@NCBIS



@New Cairo British International School