

HELIOPOLIS SOCIETY FOR THE SOCIAL
AND CULTURAL CARE OF ENGLISH SPEAKING FOREIGNERS

جمعية مصر الجديدة للثقافة والرعاية الاجتماعية للأجانب الناطقين الإنجليزية

مشهرة تحت رقم ٢٦٤٣ بتاريخ ١٥ - ٩ - ١٩٧٩

العنوان : القطامية - التجمع الخامس - القاهرة الجديدة

مدرسة القاهرة الجديدة البريطانية الدولية

رقم التليفون : ٧٥٨١٧١٠ - ٧٥٨٢٨٨١ - ٧٥٨٣٠٧١

فاكس : ٧٥٨١٣٩٠ - ص.ب (٩٠٥٧) مدينة نصر



Application for Society Membership

Registrar's Reg. #

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

Parent Surname		Parent First Name		Parent Middle Name	
Nationality			Date of Birth		
Passport No			Type of Visa		
Profession			Complete Name of eldest child in NCBIS	Name:	
				YG:	
Education Certificate			Kindly attach a copy of your passport to the application		لا بد من ارفاق صورته من جواز السفر
Company Name			Position		
Office (Cairo) Address			Office Tel.		
Home (Cairo) Address			Home Tel.		
			Mobile Tel.		
			E-mail address		

- 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 a registered member for at least 90 days.
- I hereby confirm that I have a higher education/ university degree and not be less than 21 years old.
- I hereby confirm that I am a Job holder.

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رقم التليفون : ٧٥٨٣٠٧١ - ٧٥٨٢٨٨١ - ٧٥٨١٧١٠

فاكس : ٧٥٨١٣٩٠ - ص.ب (٩٠٥٧) مدينة نصر



- I hereby confirm that I have a valid residency visa and a work permit in Egypt (for Foreigners only).
- I further agree to pay the annual membership fee of (LE 400 for the first year, for subsequent years I will pay LE 200) 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 bylaws and that I agree to abide by them.

(It is important to remember that parents are eligible for membership of the Society if they meet the above requirements)

A copy of the Articles of Association is available at the front office on the school premises

Signature of Applicant		
	Signature	Date

For Office Use Only

Initial Fee of LE 400 paid on (date)		Invoice or Receipt No		Date & Initials of Finance Manager to verify payment	
BoD Approval		Date of Approval		Date & Initials of Registrar to verify entry on register	
Membership Number		Date Membership Terminated		Date & Initials of Society Officer to verify entry on Ministry List	