



**BUSINESS
WORLD
INTERNATIONAL
ORGANIZATION**

Passport size
Photo

WORLD BUSINESS FOURM

UNITED STATES OF AMERICA

Application for Membership

Please refer to the 'Guidelines for Applicants' before filling this form.
You can also download this form from the Website.

For Office Use Only

Date received	
Application no.	
Date to Ex-Co	
Membership no.	

Title		First Name	
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Middle Name		Last Name	
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Telephone No. (Residence)		Mobile No.	
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E-mail (Personal)	
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Residence Address	

Date of Birth (dd mm yyyy)		National ID No.	
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Profession		Occupation/ Designation	
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Workplace /Institution Name	
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Telephone No. (Office)		Fax No. (Office)	
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E-mail (Office)	
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Future aspirations or interests	
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Academic Qualification(s)	Name of Qualification	Name of Awarding Institution	Programme duration	Qualification Awarded Month & Year

Professional Qualification(s)	Name of Qualification	Name of Awarding Institution	Programme duration	Qualification Awarded Month & Year

Position(s) held and Experience(s)	Organization Name	Position held / Designation	From (mm / yyyy)	To (mm / yyyy)

Check list for support documents:

I have attached the original recommendation letter	Yes
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I have attached a copy of my National ID / Passport	Yes
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I certify that the information contained in this application is true to the best of my knowledge, and acknowledge the fact that if any information given is found to be false it would result in the termination of my membership of the World Business Forum of the BWIO-USA

Signature of applicant:

Date:

Appendix 1

(To be completed ONLY by your Employer / Company / Institution on official letter head)

Date :

The President

WORLD BUSINESS FOURM

UNITED STATES OF AMERICA

RECOMMENDATION OF MR/MS/MRS/DR.....

TO THE A WORLD BUSINESS FOURM -UNITED STATES OF AMERICA

This is to certify that Mr/Ms/Mrs/Dr is an
Employee / Student ofand is
recommended to enrol as a member of the world business fourm -united states of america

I agree to supply further information under confidential cover if necessary.

Title & Name with Initials:

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Designation:

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Address:

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Contact No.:

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E-mail address:

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Signature & Seal of Recommender