

SAMENA Council Membership Form 2016

Company Name: _____ **Website:** _____

Primary Contact's First Name: _____ **Last Name:** _____

Title: _____

Address: _____

City: _____ **State / Province:** _____

Postal Code: _____ **Country:** _____

Telephone: _____ **Fax:** _____

Mobile: _____

E-mail Address: _____

Industry Category / Business: _____

Area(s) of interest: _____

We hereby agree to become a member organization of SAMENA Telecommunications Council.

Authorized Representative: _____ **Title:** _____

Signature: _____ **Date:** _____

2016 Annual Dues (See next page to determine amount)

Immediate payment upon receipt of invoice, issued after the receipt of this signed membership form. Membership fee covers one (1) year. Membership will be renewed upon receiving a renewal confirmation and/or newly signed membership form. The member organization will be contacted 45 days prior to the scheduled renewal date. Membership fee is subject to change each year and is non-refundable.

Total Dues: US Dollars _____ **or** UAE Dirhams _____

Please mail your membership form with payment to:

Alfa Building, Suite #304, Knowledge Village, DIC, P.O. Box 502544, Dubai, UAE
Phone: +971.4.364.2700, Fax: +971.4.369.7513

Please pay by SWIFT Transfer:

Account Name: SAMENA Telecommunications Council FZE
Emirates Bank (Dubai Media City Branch)
P.O. Box 777, CNBC Building, Dubai, UAE
US Dollar Account No: 1021268197002
IBAN No: AE520260001021268197002
Swift Code No: EBILAEAD
E-mail: payment@samenacouncil.org

FOR OFFICE USE ONLY

SAMENA Council Management Signature _____ **Date** _____

Member Annual Dues 2016

Operators / Service Providers

	<u>USD</u>
Board Members – Permanent (New Fee)	35,000
Board Members – Rotating (New Fee)	25,000
Non-Board Members	12,000

Associate Member Annual Dues 2016

	<u>USD</u>
<u>Technology Supplier (Vendor) Associate</u>	18,000
<u>Content Provider/Media/Internet Company/Over-the-Tops</u>	12,000
<u>Professional Firms</u>	3,900
<i>Financial Service Companies</i>	
<i>Consultants</i>	
<i>Legal Services</i>	
<i>Solutions Integrators</i>	
<i>Managed Services Firms</i>	

Choose the best description of your company's primary business:

- | | | |
|---------------------------------------------------|-----------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Academic / Education | <input type="checkbox"/> Broadband Provider | <input type="checkbox"/> Cable Operator |
| <input type="checkbox"/> Carrier Service Reseller | <input type="checkbox"/> Cellular Services | <input type="checkbox"/> Consulting Firm |
| <input type="checkbox"/> Content Provider | <input type="checkbox"/> Digital Media | <input type="checkbox"/> E-Commerce |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Financial Investment | <input type="checkbox"/> Government / Regulatory |
| <input type="checkbox"/> Inter Government | <input type="checkbox"/> International Organization | <input type="checkbox"/> Internet Gateway |
| <input type="checkbox"/> ISP | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Manufacturer / Supplier |
| <input type="checkbox"/> Fixed-line Services | <input type="checkbox"/> Network Deployment | <input type="checkbox"/> Optical Fiber |
| <input type="checkbox"/> Media | <input type="checkbox"/> Satellite Services | <input type="checkbox"/> Search Engine |
| <input type="checkbox"/> Security / Encryption | <input type="checkbox"/> Signaling | <input type="checkbox"/> Submarine Systems |
| <input type="checkbox"/> System Technology | <input type="checkbox"/> Wireless Loop Provider | <input type="checkbox"/> Digital Security |

Other (please describe) _____

In order for each department of SAMENA Council to be aligned with the relevant departments of your organization, we kindly request you to provide the following information:

Marketing / Business Development / PR Department Contact:

First or Given Name: _____ Last or Family Name: _____

Company Job Title: _____

Telephone: _____ Fax: _____

Mobile: _____

E-mail Address: _____

Finance / Accounts Department Contact:

First or Given Name: _____ Last or Family Name: _____

Company Job Title: _____

Telephone: _____ Fax: _____

Mobile: _____

E-mail Address: _____

as applicable:

Public Policy / Regulatory Department Contact:

First or Given Name: _____ Last or Family Name: _____

Company Job Title: _____

Telephone: _____ Fax: _____

Mobile: _____

E-mail Address: _____

PA to CEO:

First or Given Name: _____ Last or Family Name: _____

Company Job Title: _____

Telephone: _____ Fax: _____

Mobile: _____

E-mail Address: _____