



ABANA Sustaining Membership Application

ABANA Sustaining Membership is by invitation.
Sustaining Members must have 10 or more years of professional experience.
Annual Fee: \$1,000

APPLICATION PROCESS:

Every completed application is reviewed and subject to approval by the ABANA Board of Directors. Approval may take up to ten business days. When accepted as a member, you will have an opportunity to modify, supplement or make private any information submitted here prior to inclusion in the ABANA Membership Directory.

QUESTIONS?

Contact Gabby Elhilow at membership@arabbankers.org with any questions about becoming a Sustaining Membership in ABANA or the application process

Basic Information:

Full name: _____

Company: _____

Title: _____

Department: _____

Street Address: _____

City/State/Postal Code: _____

Country: _____

Preferred Phone Number: _____ **Type** _____

Alternate Phone Number: _____ **Type** _____

Email Address: _____

ABANA Referral: _____ **Email:** _____

Please enter the name/s of the ABANA Sustaining or Institutional Member/s who invited you to become a Sustaining Member.

Yes, I have 10+ years of professional experience.
Only professionals with 10 or more years' of experience are qualified for Sustaining Membership.

Professional Experience:

Please enter at least one former position:

Company: _____

Title: _____

Department: _____

Location: _____

Start/End Date: _____

Company: _____

Title: _____

Department: _____

Location: _____

Start/End Date: _____

Education:

Please enter at least one educational institution:

School: _____

Degree: _____

End Date: _____

School: _____

Degree: _____

End Date: _____

Industry: _____ **Job Function:** _____

Primary MENA countries of PROFESSIONAL activity (Please select no more than 2)

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Morocco |
| <input type="checkbox"/> Algeria | <input type="checkbox"/> Oman |
| <input type="checkbox"/> Bahrain | <input type="checkbox"/> Palestine |
| <input type="checkbox"/> Egypt | <input type="checkbox"/> Qatar |
| <input type="checkbox"/> Iran | <input type="checkbox"/> Saudi Arabia |
| <input type="checkbox"/> Iraq | <input type="checkbox"/> Sudan |
| <input type="checkbox"/> Jordan | <input type="checkbox"/> Syria |
| <input type="checkbox"/> Kuwait | <input type="checkbox"/> Tunisia |
| <input type="checkbox"/> Lebanon | <input type="checkbox"/> Turkey |
| <input type="checkbox"/> Libya | <input type="checkbox"/> United Arab Emirates |
| <input type="checkbox"/> Mauritania | <input type="checkbox"/> Yemen |

Primary MENA countries of PERSONAL interest (Please select no more than 2)

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Morocco |
| <input type="checkbox"/> Algeria | <input type="checkbox"/> Oman |
| <input type="checkbox"/> Bahrain | <input type="checkbox"/> Palestine |
| <input type="checkbox"/> Egypt | <input type="checkbox"/> Qatar |
| <input type="checkbox"/> Iran | <input type="checkbox"/> Saudi Arabia |
| <input type="checkbox"/> Iraq | <input type="checkbox"/> Sudan |
| <input type="checkbox"/> Jordan | <input type="checkbox"/> Syria |
| <input type="checkbox"/> Kuwait | <input type="checkbox"/> Tunisia |
| <input type="checkbox"/> Lebanon | <input type="checkbox"/> Turkey |
| <input type="checkbox"/> Libya | <input type="checkbox"/> United Arab Emirates |
| <input type="checkbox"/> Mauritania | <input type="checkbox"/> Yemen |

Payment Information:

Please select one:

Pay by credit card

Credit card type: _____

CC Number: _____

Name on card: _____

Expiration Date: _____

Billing Zip: _____

CVV Number: _____

Pay by check

Pay by wire transfer

How would you prefer to be billed?

Paperless - Email

US Post