



AM Spa Club Membership Application

A

Personal Details

First Name _____ Surname _____
Address _____
City _____ Post Code _____
Telephone _____ Email Address _____
Date of Birth _____ Passport / ID Number _____
Profession / Job Title _____
Marital Status _____
Name of Spouse _____

B

Type of Membership

Please tick as applicable

New Membership Renewal Corporate*
Annual - Single Payment Annual - Monthly Payments
6-Months 3 Months Weekend

If you are an AM Spa Club Owner's Card holder, please indicate your card number _____

* A Corporate Card membership is made up of five or more executives from the same company

C

Declaration

I have read and understood the rules and regulations governing the AM Spa Club and agree to abide by them. I understand that membership is personal and for the duration specified, and also that membership fees **will not** be refunded nor membership transferred or extended beyond expiry under any circumstances (such as illness, travel, relocation, etc). I confirm that the information I have given on this application form is correct and I hereby apply to be considered for membership of the AM Spa Club. I understand that the AM Spa Club reserves the right to decline this application at its discretion.

Signature _____ Date _____

Application must include two recent 2cm x 3cm size photographs

D

What Happens Next?

When you have filled in this form, please either return it to use by mail or bring it into the Spa Reception. We will then make arrangements to contact you personally and finalise the membership application process.

For Office Use Only

Date application received _____ Date application advised _____
Date fees paid _____ Date card issued _____
Joining fee _____ Join Date _____
Membership Number _____
Approved by _____
Remarks _____
If Corporate Membership, annual fee paid by: Company Member