



BODYSGALLEN SPA – APPLICATION FOR MEMBERSHIP

The Royal Welsh Way, Llandudno, Conwy LL30 1RS

Web: bodysgallen.com/the-spa Email: spa@bodysgallen.com Tel (DL): 01492 562500

(Please complete in block capitals)

Full Name:		Title:
Second Full Name: (if Joint Membership)		Title:
Address:		
Postcode:	Email:	
	Email: (2 nd applicant)	
Mobile:	Mobile: (2 nd applicant)	Home Telephone:
Type of Membership: (please indicate your choice) Full Membership / Full Joint Membership *Weekday Country Membership / *Joint Weekday Country Membership *Country Membership including Weekends / *Joint Country Membership including Weekends Single 6-month Membership / Joint 6-month Membership (*Country membership for members living outside 30 miles radius of Bodysgallen Spa)		
Duration:	Membership Fee:	

Please provide:

- Passport photographs x2 for issue of membership card;
- Photo form of identification (matching the address of membership);
- Payment in full or Payment by direct debit mandate (first payment by credit/debit card).

Membership will commence when payment has been received and a membership card issued.

I hereby apply to become a member of the Bodysgallen Spa Club. I confirm that I have read the conditions of membership and rules of the Club, and agreed to be bound by these or any amendments or alterations as may from time to time apply. WE WOULD LIKE TO KEEP IN TOUCH WITH YOU. Please tick if you wish to receive from time-to-time information about special offers, discounts and events at the Spa and the Hotel. We will safeguard your information and neither sell nor share it.

By Email:

By Text:

By Post:

Signed:	Date:
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NEXT OF KIN TO BE CONTACTED IN CASE OF EMERGENCY:	
Full Name:	Relationship to Member:
Address:	
Postcode:	Mobile:
Email Address:	October 2022