

BODYSGALLEN SPA CLUB

APPLICATION FOR MEMBERSHIP

(PLEASE SUPPLY TWO PASSPORT SIZE PHOTOGRAPHS WITH THIS FORM)

Surname.....Title.....

Forenames.....

Address.....

.....

.....Postcode.....

Telephone number (Home).....(Business).....

Email*.....Mobile*.....

Date of Birth.....

Type of Membership.....

**(Full Single Membership or Full Joint Membership)
(Country Single Membership or Country Joint Membership)**

Membership Fee.....

Total.....

I hereby apply to become a member of the Bodysgallen Spa Club. I confirm that I have read the conditions of membership of the club and agree to be bound by these, or any amendments or alterations as may from time to time be enforced. I enclose a cheque payable to Bodysgallen Hall.

Signed.....Date.....

Next of kin to be
Contacted in an emergency.....

Address.....

Contact number.....

* In an effort to enhance our Green Policy by keeping our paper trail to a minimum, we would be pleased to keep you informed by email or sms text to your mobile. Your contact details will be kept strictly confidential and only used by the hotel in direct communication with you. You may opt out at any time.