

TRE –YSGAWEN SPA MEMBERSHIP APPLICATION FORM

Please Print

Applicant One

Applicant Two

Title
Name
Date of Birth .../.../.....
Address
.....
.....Post Code
Email Address
Tel Number (Home)Mobile

Type Of Membership

SINGLE / JOINT

PLATINUM / GOLD

Membership Fee £.....

I/We would like to pay by continual direct debit (min 12 months)

I/We apply to become a member (s) of the Tre-Ysgawen Spa and consequently agree to be bound by the Club Rules.

The Spa was recommended to me / us by : Members name & no`

How did you discover Tre-Ysgawen Spa?

SIGNED DATE

(For office use only)

(IN CASE OF EMERGENCY)

Bank Detail Approved?

Name

Payment Method

Tel No.....

Membership no (s)

Seen Proof of Bank Details?.....