

**Membership Application Form**  
**FAX BACK: 08707 80 44 77**



Please fill in the following details to help us to process your membership.

Company Name:  
Contact Name (s):  
Position:  
Address:

Postcode:

Invoice address:  
(if different)

Postcode:

Telephone:  
Fax:  
Email:  
Website:

**Band 1 – Corporate**

- |  |                                  |  |
|--|----------------------------------|--|
| <input type="radio"/> Destination Spa    | <input type="radio"/> Day Spa    | <input type="radio"/> Hotel Spa          |
| <input type="radio"/> Spa Travel Company | <input type="radio"/> Spa Town   | <input type="radio"/> Product House      |
| <input type="radio"/> Equipment Supplier | <input type="radio"/> Consultant | <input type="radio"/> Education Provider |
| <input type="radio"/> Other: _____       |                                  |  |

Spa Operators: How many venues do you own/operate? \_\_\_\_\_

**Band 2 – Associate**

- |                                 |                                  |   |
|---------------------------------|----------------------------------|---|
| <input type="radio"/> Therapist | <input type="radio"/> Student    | <input type="radio"/> Trade Association |
| <input type="radio"/> Spa Media | <input type="radio"/> Individual | <input type="radio"/> Other _____       |

Membership fee to be paid:

Turnover    £ \_\_\_\_\_    Level    \_\_\_\_\_

Joining Fee    £ \_\_\_\_\_

Annual Fee    £ \_\_\_\_\_

VAT @15%    £ \_\_\_\_\_

**Total Fee:    £ \_\_\_\_\_**

**I confirm that I have read and understood the terms and conditions of membership and agree to abide by these conditions.**

Name(s): .....

Signature(s): .....

Date: .....