



BODYSGALLEN SPA – APPLICATION FOR MEMBERSHIP

The Royal Welsh Way, Llandudno, Conwy LL30 1RS

www.bodysgallen.com/the-spa spa@bodysgallen.com

Telephone (direct line): 01492 562500



(Please complete in block capitals)

Full Name:		Title:
Second Full Name: (if joint membership)		Title:
Address:		
Postcode:	Email(s):	
Mobile Telephone(s):	Home Telephone(s):	
Type of Membership: (please indicate your choice) Single Full Membership / Single Midweek Membership Joint Full Membership / Joint Midweek Membership Single Full Country Membership / Joint Full Country Membership Single Midweek Country Membership / Joint Midweek Country Membership		
Duration:	Membership Fee:	

Please Provide:

- Passport photographs x 2 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 Post:

By Email:

Signed:	Date:
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NEXT OF KIN TO BE CONTACTED IN AN EMERGENCY:	
Full Name:	Relationship to Member:
Address:	
Postcode:	Mobile Telephone:
Email Address:	April 2018