

Membership Application @ Des Indes Health Club & Spa

Club Member		12 Months
Spa Member		24 Months
Platinum		
Gold		
25 - 50 X VALUE (pealse circle)		Diplomat clause (99,- Yearly)
Club Member Introduction		Temporary freeze (90,- Yearly)
3XValue Introduction		

This membership will start on: _____ / _____ / _____ (DD / MM / YYYY)

First name: _____

Last name: _____

Date of birth: _____ / _____ / _____ (DD / MM / YYYY)

Address

Street: _____ # _____

Postal code: _____ / _____

City: _____

Telephone: _____

E-Mail: _____ @ _____

The signatory declares:

1. To have read and to comply by the 'Des Indes Health Club & Spa' house rules.
2. To pay the full membership fee upfront, or:
3. To allow periodic (Monthly) automatic 'incasso' payment for at least the full membership fee
4. To have truthfully filled in all forms concerning the membership.

Date: _____ / _____ / _____

Signature: _____
