



MEMBERSHIP APPLICATION FORM

Full Name:

Business/Company Name:

Street Address:

City/Town:

District:

Phone:

Fax:

Email:

Website:

Training:

Specialization:

Qualification/Experience:

Years of Operation:

Types of Business

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> Day Spa | <input type="checkbox"/> Salon Spa | <input type="checkbox"/> Other |
| <input type="checkbox"/> Destination Spa | <input type="checkbox"/> Spa Affiliates | |
| <input type="checkbox"/> Clinical Spa | <input type="checkbox"/> Hotel/ Resort Spa | |

Types of Membership

- | | |
|---|---|
| <input type="checkbox"/> Individual Member | <i>Freelancer not a part of the permanent staff of any business \$25.00</i> |
| <input type="checkbox"/> Corporate Member | <i>Single unit/spa operator: Business with one permanent staff member \$50.00</i> |
| <input type="checkbox"/> Corporate Member | <i>Multiple unit/spa: Business with more than one permanent staff member \$100.00</i> |
| <input type="checkbox"/> Spa School or Training | <i>Spa School or Training Center: Provide certified training to the Spa & Wellness industry \$25.00</i> |
| <input type="checkbox"/> Affiliate Member: | <i>Associated with the Spa & Wellness business \$25.00</i> |
| <input type="checkbox"/> Student Member: | <i>In training \$10.00</i> |

Signature

Date