



❖ Please allow 3 weeks for processing

APPLY NOW!

Yes! I would like to apply for **The Aspara Priority Card**

For renewal of membership

No.: _____

* Please enclose S\$26.25 for application/
renewal fee (S\$25+5%GST)

ABOUT MYSELF

Mr

Mrs

Miss

Mdm

Dr

Full Name as it appears in your NRIC/ Passport

Name to appear on the Card

Date of Birth (DD/MM/YY) _____ / _____ / _____ Sex: Female/Male

NRIC/ Passport No. _____

Nationality _____

Occupation: _____

Mailing Address: _____

_____ Postal Code _____

Tel No. _____ (Mobile) _____ (Home)

Email Address: _____

Spas that you have patronised in the last 6 months

1. _____ 2. _____

3. _____ 4. _____

Health Conditions

Guests suffering from medical conditions such as high blood pressure, heart condition, spinal injury etc or who are pregnant are to seek medical advice before embarking on spa treatments.

DECLARATION

I confirmed that all information given are true. I acknowledge that the card may only be used subject to the terms and conditions stated in this application form.

Signature

Date

Please post this application form, enclosed your cheque payment of S\$26.25 make payable to "SpaCare International Pte Ltd", and sent to:

SPACARE INTERNATIONAL PTE LTD

1 Selegie Road, Paradiz Centre #04-06, Singapore 188306

FOR OFFICIAL USE

No. _____

Remarks

Date of issue _____