SPA·UTOPIA & SALON

PERSONAL Membership Application

First Name ..... Last Name ....

Address ....

City ..... Prov. / State ..... Postal / Zip Code .....

Phone #1 ..... Phone #2 ....

E-mail ..... Gender: Male ❑ Female ❑.. Birthday: (dd-mon-yyyy) .....

Membership Password

☐☐☐☐☐☐☐☐ 4 – 8 Alpha / Numeric characters

This password is confidential and intended to verify and identify the Principle Contact(s) as listed above. To maintain the integrity of your membership, please do not share this information with others. If you should forget your password, or any of the information above has changed please contact Spa Utopia directly. A series of questions will be asked prior to making any changes to your account information.

Payment

❑ **PERSONAL $129.00 + $7.74 (GST) = $136.74**

Method of Payment (Check only one) ❑ Visa ❑ Master Card ❑ American Express

Card Number ☐☐☐☐-☐☐☐☐-☐☐☐☐-☐☐☐☐ Expiry Date ☐☐/☐☐

Card Holder Name ..... Date .....

If this purchase is a gift or the card holder information differs from the membership details, please fill in the information below.

Card Holder Address .....

City ..... Prov. / State ..... Postal / Zip.....

Declaration

❑ I have read and understand the terms and conditions of the Membership as outlined on the reverse of this application.

Signature ..... Date .....

All the information that is contained in this form is confidential and is governed by our Privacy Policy, for more information please visit www.spautopia.ca

OFFICE USE ONLY

Purchase Folio #..... Card Number .....

Activated By ..... Activation Date .....

Contact Customer ID #.....