

APPLICANT INFORMATION		
Name:		
Date of Birth:	Date:	Phone:
Current Address:		
Parish:	Postal Code:	Country: Bermuda
EMERGENCY CONTACT		
Name:		
Address:		Phone:
Parish:	Postal Code:	Country: Bermuda
Relationship:		
SPOUSE INFORMATION IF JOINT MEMBERSHIP		
Name:		
Date of Birth:		Phone:
ADDITIONAL INFORMATION		
Favourite Spa Treatment:		
Favourite Product:		How many times have you been to the Spa?
Have you attended our Wellness Series?		Email:
SIGNATURES		
I authorize the verification of the information provided on this form. I have received a copy of this application and understand the terms and conditions of my membership as stated below.		
Signature of Applicant:		Date:
Signature of Spouse (only if for a joint membership):		Date:

Terms & Conditions:

- 1. Applies to any purchase made at The Spa at Elbow Beach by a Reward Program Member
- 2. Point accrual does not include gratuities
- 3. Point redemption is subject to availability
- 4. Points are redeemable for up to one year, and expire thereafter5. Points not valid at any other Mandarin Oriental property
- 6. The Spa at Elbow Beach reserves the right to change reward offerings