



## hope street hotel spa

### APPLICATION FOR SPA MEMBERSHIP

We will contact you to complete your membership application and to arrange a private tour of the spa and gym facilities.

Title

First Name

Surname

Address Line one

Address Line two

Town/City

Country

Postcode

Date of birth

Email

Telephone

Preferred method of communication    Email    Telephone

What type of membership are you interested in?

Spa (single)    Spa (joint)    Gym only    Gym and swim

Are you currently a member of a spa/health club?    Yes    No

Which one?

Please tell us what is most important to you about a spa/wellness membership:

What days are you most likely to visit the spa?

Mon   Tue   Wed   Thur   Fri   Sat   Sun

Times?

7am-9am   9am - 11am   11am - 2pm   2pm - 5pm   5pm - 7pm   7pm - 9pm

What days are you most likely to visit the gym?

Mon   Tue   Wed   Thur   Fri   Sat   Sun

Times?

7am-9am   9am - 11am   11am - 2pm   2pm - 5pm   5pm - 7pm   7pm - 9pm

How did you hear about us?

E-flyer    Word of mouth    Social media    Press/media    Which publication/media?