



be well
holistic ♥ therapies

“BE RADIANT AND RELAXED” MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Full Name

Date of birth:

Phone (B/H):

(A/H) :

Address:

City:

State:

Post Code:

Email:

MEMBERSHIP TYPE

- | | | | |
|--------------------------|--------------------|--------------------------------------|---------------|
| <input type="checkbox"/> | BE Pampered | (1 x 60 minute treatment per month) | \$ 75 / month |
| <input type="checkbox"/> | BE Doubly Pampered | (2 x 60 minute treatments per month) | \$140 / month |
| <input type="checkbox"/> | BE Indulged | (1 x 90 minute treatment per month) | \$ 99 / month |
| <input type="checkbox"/> | BE Doubly Indulged | (2 x 90 minute treatments per month) | \$189 / month |

EMERGENCY CONTACT

Person to be contacted in case of an emergency:

Name:

Relationship:

Are they a Be Well client?

Y N

Phone (A/H):

(B/H):

GP Name:

Phone:

DIRECT DEBIT INFORMATION

I request and authorise Be Well Holistic Therapies to debit my bank account / credit card below on a monthly basis.

Signature of Account/Card Holder:

Date:

Cheque/Savings A/C:

Bank:

Account Name:

BSB: ___/___

A/C: _____

Credit Card Type:

Mastercard

Visa

Name on Credit Card:

No: ___/___/___/___

Expiry: ___/___

CVN: ___

MEMBERSHIP DETAILS (OFFICE USE ONLY)

Membership to commence on:

Three month minimum expires on:

Direct Debit Details confirmed:

Membership No:

AUTHORITY

I authorize the verification of the information provided on this form to establish my “BE Radiant and Relaxed” Membership. I have read and received a copy of the Membership Terms and Conditions.

Applicant Signature:

Date:

Be Well Signature:

Date:

BE Well Holistic Therapies
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