



Membership Form

Type of Membership Applied for

Spa Resource

NAME OF SPA / RESOURCE: _____

*(If multiple branches, please complete one form per branch - skip to Key Representative section if not applying for Ordinary Membership)

WEBSITE: _____

ADDRESS: _____

TEL : _____ FAX : _____

NAME OF OWNING COMPANY: _____

ADDRESS OF COMPANY: (if different than above)

DETAILS OF KEY REPRESENTATIVE

*(if applying for Spa / Resource Membership)

NAME: _____

TITLE: Mr. Ms. Mrs. Dr.

ADDRESS: _____

EMAIL: _____

MOBILE: _____ TEL: _____ FAX: _____

MAILING ADDRESS: (If Different than Above)

I heard of SAI from

Website Referrals Seminar

This Membership application is recommended by:

I hereby agree to abide by rules and regulations as laid down by SAI

SAI reserves the sole discretion to approve or reject any application without having to give any reason whatsoever.

Duly completed and submitted by(Name) :

Signature :

Date:

Company Name:

Company Seal:



Membership Form

Type of Membership Applied for

Accredited Allied Individual

DETAILS OF KEY REPRESENTATIVE

*(if applying for Spa / Resource Membership)

NAME: _____

TITLE: Mr. Ms. Mrs. Dr.

PRESENT OCCUPATION _____

ADDRESS: _____

EMAIL: _____

WEBSITE: _____

MOBILE: _____ TEL: _____

FAX: _____

MAILING ADDRESS: (If Different than Above)

I heard of SAI from

Website Referrals Seminar

This Membership application is recommended by:

I hereby agree to abide by rules and regulations as laid down by SAI

SAI reserves the sole discretion to approve or reject any application without having to give any reason whatsoever.

Duly completed and submitted by(Name) :.....

Signature : _____ Date: _____

Company Name: _____ Company Seal: _____

Kindly complete this application form and return to: SAI, M1,Palika Bhavan, Sec-13, RK Puram, New Delhi-110066

Mobile - +91 9958895151 Email : info@spaassociationofindia.in Visit us at www.spaassociationofindia.org



FOR OFFICE USE ONLY:		
Date Received:	Reviewed on:	
Approved / Not Approved (circle one) by Committee on:		
Approved as what Type of Membership:		
Payment Details: Cheque No:	Amount:	Date: Bank:
Official Review Signatures:		
	President or Vice President	Committee Member
Seal	Name:	Name: