



ENJOY PREMIER PRIVILEGES

MEMBER REGISTRATION FORM

DATE:

TITLE: MR MRS MISS PROF DR HON

OTHER

FIRST NAME:

SURNAME:

MOBILE NUMBER:

OTHER #:

EMAIL ADDRESS:

COMPANY:

TYPE OF MEMBERSHIP: PLATINUM (\$340) GOLD (\$225)

PAYMENT METHOD CASH CHEQUE CREDIT CARD

SIGNATURE _____

(FOR OFFICE USE)

AMOUNT PAID:

BALANCE:

PAID AT:

EXCHANGE RATE:

COLLECTION POINT: