

MIND BODY HEALTH CLUB -MBHC

MARBLE HOTEL, MALE' 20335, MALDIVES

Marbles Membership No. _____ Expected Start Date: _____

Information of Applicant & Programme	
First Name _____	Sex: _____
Surname _____	ID No: _____
MBHC Programme: _____	Package: _____
Postal Address: _____	Age: _____
E-mail Address: _____	Contact No: _____
Emergency Contact Person: _____	Emergency Contact No: _____

Notes: Applicant's information gathered will be used by MBHC for administration and verification and will not be realised for any other purposes without the Applicant's prior consent.

Please return the application form and membership fee to the MBHC or Hotel Reception

Terms and Conditions:

1. This membership is open to Marbles Members and Marble Hotel in-house guests only.

Applicants shall be requested to submit proof of identification.

2. Membership fee has to be paid in prior to use of MBHC and its facilities.

3. Marble Hotel has the right to terminate the membership of a MBHC Member if:

a. the membership card is transferred to be used by person other than the card holder

b. the member failing to pay for the related fee

c. the member failing to comply with the Marble Hotel and MBHC Rules and Regulations.

No refund of membership fee paid by the member will be made if the membership is terminated in accordance with the above Clauses;

4. The Marble Hotel reserves the right to add or amend the rules and conditions in respect of the use of MBHC.

5. Should this application be accepted by Marble Hotel, the terms and conditions herein shall form the membership agreement between the Applicant agrees to abide by and must observe the rules and conditions in respect of the use of MBHC stipulated by the Marble Hotel from time to time.



I hereby, accept the above terms and conditions and understand that this application is subject to approval by MBHC. I agree to abide the policies, rules and conditions of the MBHC. I have no medical condition against joining MBHC programmes and will be completely responsible and shall not hold MBHC or Marble Hotel or its officer responsible for any injury, death, loss or damage to me or my property during my participation in MBHC.

Signature of Applicant _____

Date: _____

FOR OFFICE USE ONLY	
Receipt No: _____	Card Issued on _____
Received by: _____	Information updated on: _____
Approved by: _____	Remarks _____