



PALM GREEN
Hotels | Resorts

Membership No.:

Enrollment Form

(Please complete all details in capital letter)

PHOTO
Not bigger than
this box
PLEASE STICK
DO NOT
STAPLE

About Yourself

NAME : Mr/Mrs/Miss

First Name

Surname

BIRTHDAY

Business card attached

RESIDENCE ADDRESS

.....

CITY PIN

TEL NO. MOBILE

AT WORK

NAME OF THE COMPANY/ORGANISATION

PROFESSION DESIGNATION

OFFICE ADDRESS

.....

CITY PIN

TEL NO. MOBILE FAX

E-MAIL

MARRIED : YES/NO SPOUSE'S NAME

SPOUSE'S 'B' DAY WEDDING ANNIVERSARY

CHILDREN'S NAME

B DAY

1.

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2.

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3.

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4.

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