



Membership Application / Renewal Form

Expiry date ____/____/____	<input type="checkbox"/> Renewal	<input type="checkbox"/> New	<input type="checkbox"/> Dining (RM388) RM 366	<input type="checkbox"/> Preferred (RM688) RM 649
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Sales Date : _____ LBS Membership : _____

Sales Person : _____ Promotion : _____
 (office use only)

Referred By : _____
 (M'ship / Staff No)

May I have your FULL NAME please?
 (Mr /Mrs /Ms /Dr Others, please specify) : _____

Date of Birth : _____

Email Address : _____

Mobile No. / Contact No. : _____

Supplementary Card (only for Preferred Card) - Complimentary

Name on Card
 Mr / Mrs / Ms : _____

Date of Birth : _____

Email Address : _____

Contact No. : _____

How would you like pay for this membership?
 VISA MASTER AMEX JCB

Credit Card Number : _____ / _____ / _____ / _____

Expiry Date : ____ / ____

How does your name appear on the credit card? _____



We want to reward you

One of the privileges of becoming a member is that you are entitled to nominate friends / family who will also receive an invitation to join. As a sign of our appreciation for your endorsement of Lifestyle by Saujana, for every person you refer to us who successfully becomes a member, we will issue you with a credit of **RM50 dining voucher**, to be enjoyed in our restaurants. So, who are the THREE people you would like to nominate?

Name:	Company:	Tel.:	Mobile:
Name:	Company:	Tel.:	Mobile:
Name:	Company:	Tel.:	Mobile:



***** THANK YOU AND WELCOME TO LIFESTYLE BY SAUJANA *****