

THE HARMONY



HARMONY SPA MEMBERSHIP
APPLICATION FORM

LAST NAME: _____

FIRST NAME: _____

ADDRESS: _____ (zip code) _____ (city)
_____ (street name) _____ (house number)

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

I confirm that I read and accept the Terms and Conditions of Membership to The Harmony Spa at Aria Hotel Budapest.

SIGNATURE: _____

DATE: _____

Please note that completion of the Application Form does not guarantee acceptance of the membership application. The Harmony Spa reserves the right to refuse an application or terminate a membership.

Office use:

Membership commences: _____

Expires: _____

