



Membership Agreement

Mr / Mrs / Ms / Dr: _____

Date of birth: _____ Nationality: _____

Home address: _____

Mobile: _____

E-mail: _____

Occupation: _____

Company name: _____

Company address: _____

In case of emergency, please contact (name/telephone): _____

Membership

Method of payment

monthly ☐ 6 months ☐ 1 year ☐

Cash ☐ Visa ☐ Master Card ☐ American Express ☐ Invoice ☐

Payment due date: _____

I / We hereby confirm that I / we have received, read and agree to the Membership Terms and Conditions of Pürovel Spa & Sport as well as Pürovel Spa & Sport rules both of are available in print in the reception of Pürovel Spa & Sport and electronically on the website (www.swissotel.com/hotels/tallinn/spa-fitness) of Pürovel Spa & Sport.

Signature: _____ Date: _____

For official use only

Spa coordinator: _____ Payment date: _____

Membership start date: _____ End date: _____

Confirmed by: General Manager

Confirmed by: Pürovel Spa & Sport Manager