

Costa Sands Resort Privilege Card Membership Application Form

Name:
(Please write your name in BLOCK letters)

Address:

Contact Name: (H) (Pgr / Hp)

Email:

NRIC: Date of Birth:

Sex: M / F Race: Nationality:

Occupation: Marital Status:

Mode of Payment

☐ "Enclosed is cheque made payment to" "Costa Sands Resort (Downtown East)"
Attn to : Sales & Marketing Department, 1 Pasir Ris Close, Singapore 519599

☐ Please charge S\$99 nett to my credit card. My credit card details are as below:

Card Type: ☐ Visa ☐ Master Card ☐ American Express

Card Number:

Expiry Date:

Signature

Date

OFFICIAL USE

Membership Number:

Date of Issue:

Date of expiry:

1 Pasir Ris Close Singapore 519599 Tel: 6589 1664 Fax: 6582 4184