



Singapore's Most Authentic Bollywood Dance & Zumba Fitness Studio for Absolute Beginners

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Application for Corporate Membership

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This form may take you 5 minutes to fill

You will need the following information to fill in the form:-

Name of Organisation

Particulars of Organisation and Approving Authority

PLEASE USE BLOCK CAPITALS WHEN COMPLETING THIS FORM

Company Details

Full Company Name

Full Postal Address

Town / City

Country

Postal Code

Contact Name

Contact Job Title

Contact Email

Terms & Conditions

1. Bolly Dancing Studio undertakes to offer \$60 OFF [\$30 OFF on Class Package + \$20 OFF One time registration fee + \$10 Trial Class Fee] for all employees of our Corporate Member.
2. Corporate Membership discounts are valid for all employees of the organization and their immediate family members.
3. Discounts are valid for the 'ALL CLASSES' packages published on our website. Discounts are not applicable with other special offers and/or promotions.
4. Company ID card must be presented to avail of the special corporate rates.
5. All fees must be paid before the commencement of the class.
6. Fees are non-refundable for any reason including medical. Classes and packages are non-transferable.
7. Confirmation of places will be on a first-come, first-served basis, and upon receipt of payment.
8. Participants with a history of serious illness, are unfit or unsure of the status of their health should obtain medical clearance before joining any class.
9. Bolly Dancing will not be responsible for, nor will it be required to compensate, for the cost of any loss, damage or injury caused to the participant at the premises of the Bolly Dancing Studio.
10. Discount privileges, terms and conditions, membership rates for corporate membership may be supplemented, amended or terminated without prior notice at the sole discretion of Bolly Dancing Studio.

Declaration

I confirm that the details given in this application form are correct and that I am authorised to sign this declaration on the organisation's behalf and agree to the membership and administrative terms and conditions stated above and any amendments or additions thereto.

Name of Authorised Person

Signature of Authorised Person

Date

For Office Use Only:

Membership Code:

Accepted By:

Commencement Date:
