



Life & Style Program
 Swissôtel Nankai Osaka
 TEL:(06)6646-5043
 FAX:(06)6646-5044

Annual Membership Fee

Life & Style

JPY75,000 (New)

Application Date : _____

| Membership Application Form | | | |
|-----------------------------|--|----------------------------|---|
| Name | Last Name: | Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | First Name: | | |
| Date of Birth | | Wedding anniversary | |
| Company Name | | Position | |
| Address | <input type="checkbox"/> Business | Postal Code(-) | |
| | <input type="checkbox"/> Home | | |
| Contact No. | Phone No. () - | FAX No. () - | |
| | Mobile No. - - | Priority | <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Mobile |
| Email | @ | | |
| Survey | Any prefer beverage? <input type="checkbox"/> No <input type="checkbox"/> Yes (<input type="checkbox"/> Wine <input type="checkbox"/> Champagne <input type="checkbox"/> Sake) | | |

-The customer's personal information filled in the application form will be used only for guidance from the Life & Style Office and Swissotel Osaka, and will not be used for other purposes.

Office field

| | | | | | | | |
|----|-----|-----|---|---|---|----|----|
| 決済 | CRM | Mgr | 領 | 優 | 仮 | メ本 | サ本 |
| | | | | | | | |

NO _____

EXP _____

担当 _____

CONF.# _____

| Credit Card | |
|-----------------|--|
| Type | <input type="checkbox"/> VISA <input type="checkbox"/> JCB <input type="checkbox"/> Master <input type="checkbox"/> AMEX <input type="checkbox"/> Diners |
| Credit Card No. | _____ - _____ - _____ - _____ |
| Expiry date | (月) / (年) |
| Your Name | |

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※The program office will call you directly to confirm your credit card number for security reasons.