



Membership Enquiry Form

Name _____

Address _____

Email Address _____

Phone Number _____

How would you like to be contacted? _____

How did you hear about us? _____

Which membership type are you interested in?

Full Membership

Off-Peak

Gym only

Swim only

Joint

Corporate

Thank you for your interest. Please fax or send this to us at our address below.

Landmark Spa & Health Club
222 Marylebone Road
London
NW1 6JQ

Tel. 020 7631 8010

Fax. 020 7631 8080