



APPLICANT

PLEASE COMPLETE IN BLOCK CAPITALS

Title (Mr/Mrs/Miss/Ms/Other) First name		Last Name		Sex	M	F
Occupation	Nationality		Date			
Partner/Spouse						
Mailing Address						
City		State		Zip		
Home Phone Number			Fax Number			
Cell Phone Number			E mail			
Business Details if Applicable						
Company Name			Work Telephone Number			
Website			Email			

In consideration of my personal subscription I hereby apply to become a member of Bella Vida Concierge. The terms of membership have been explained to me clearly, and I have completely understood them. Bella Vida Concierge is a lifestyle management service company, which provides access to various services and benefits to its members.

I agree that Bella Vida Concierge may retain and process the personal information given by me to Bella Vida Concierge for purposes including the marketing commissions payable and performance of the Bella Vida business. Bella Vida may record this information manually and/or electronically and will be the data controller of this information. Bella Vida may disclose and transfer such personal information subject to existing laws, legal process, and our Privacy Policy found at www.BVConcierge.com. Nothing contained is in derogation of Bella Vidas right to comply with law enforcement requests or requirements relating to the disclosure of any information to law enforcement officials. Bella Vida agrees to adhere to all applicable United States federal and state laws and industry practices relating to the collection and use of personal information from me.

APPLICANT SIGNATURE				MM SIGNATURE			
Payment Amount \$	Method of Payment	Credit Card	Cash	Check #:	Bank Transfer	Other	Adjustment:
Credit Card Number				Expiration Date		CCV Number	
Signature (if different from above)				Billing Address			

HOST'S SIGNATURE		DATE	Memb. Id
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