

# APPLICATION FORM FOR MEMBERSHIPS

Please complete in capital letters:

## 1. PERSONAL DETAILS:

**Name:**  
**Surname:**  
**Date of birth:** **ID number:**  
**Address:** **Post code:**  
**Telephone number:** **Fax:**  
**E-mail:**

NOTE: If you request multiple memberships, then please enclose the details of EACH applicant.

## 2. INTRODUCTORY MEMBERSHIP FEE: (annual subscription)

Please choose one of the following:

- Gold Membership - EUR250**
- 12 coastal cruises for members\*
  - 20% discount of regular coastal cruises prices\*
  - 20% discount of food and beverages onboard \*\*
- Silver Membership - EUR125**
- 6 coastal cruises for members\*
  - 10% discount of regular coastal cruises prices\*
  - 10% discount of food and beverages onboard \*\*

## 3. METHOD OF PAYMENT:

- Cash  
 Cheque  
 Credit card

\* Members can pass this offer to family and friends

\*\* For members only

**How did you find out about becoming a member of *Wave Dance*?**

- Brochure  Advertisement  
 T.V.  Word of mouth  
 Poster  Website  
 Other (please specify)

The *Wave Dance Shipping Co Ltd*, would like to provide you with information by direct e-mail.  
If you do NOT want to receive the information, please tick here .

Signature

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Submit this application form to:

**Wave Dance Shipping Company Ltd.**  
**Paphos Harbour**  
**P.O. Box 61010, Kato Paphos 8130**  
**Cyprus**  
**Tel: (00357) 26-931544**  
**Fax: (00357) 26-910731**

**E-mail: [wavedance@water-activities.com](mailto:wavedance@water-activities.com)**