



**SUN HOTEL BONUS REWARDS  
MEMBERSHIP APPLICATION FORM**

Membership Card Number - \_\_\_\_\_

New Member

Replacement

Title: \_\_\_\_\_ First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone (Hm): \_\_\_\_\_

Telephone (Mob): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

The Sun Hotel Bonus Reward Members are eligible for special offers.  
Please indicate if you would like to receive these offers in the mail.

Yes  No

All points issued remain the sole property of The Sun Hotel.  
Points issued are valid for 12 months from date of issue.

I declare the above information is true and correct to the best of my  
Knowledge and that I am over 18 years of age.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_