



MEMBERSHIP APPLICATION FORM

SPA ASSOCIATION SINGAPORE



**Welcome Message
President
Spa Association Singapore**

The Spa Association Singapore was officially formed in October 1998 with the support of the Singapore Tourism Board. One of the purposes for the formation was for the founding members to create an official body to promote Singapore as the choice destination for spas in the region.

The following objectives were set for the Association:

- Establish and uphold ethics as well as standards of excellence in the spa industry
- Promote networking opportunities within the industry and international bodies
- Encourage the advancement in the education and professional standards amongst members
- Serve as the official liaison with various government bodies, such as licencing authority for the benefits of the members
- Promote the benefits and value of spa experience

The spa industry and the Association has overcome many challenges of the earlier years but are now at an exciting phase of new developments, fuelled by a more educated market, surge in demands for spa services and business in the region.

We look forward to having you on board with us. The Spa Association Singapore welcomes spa operators, service providers, consultants, education providers and many others to join its network.

To serve each group of members effectively, we have the following membership categories:

- Ordinary Membership
- Associate Membership

Please see attached for the definitions and conditions of the respective membership categories.

The membership categories are intended to assist in developing targeted programs and services to serve our members effectively. We thank you for your interest in the Spa Association Singapore and look forward to getting to know you better.

Nancy Lim
President
Spa Association Singapore

If you need any assistance, please contact our Secretariat Office:

Spa Association Singapore
45 Cantonment Road
Singapore 089748
Contact Number: (+65) 6223-1158
Email: secretariat@spaassociation.org.sg
Website: www.spaassociation.org.sg



MEMBERSHIP CATEGORIES

All applicants interested in joining the Spa Association Singapore shall submit their applications on the prescribed membership application form.

Ordinary Membership

Ordinary Membership shall be open to businesses, companies, or foreign companies registered in Singapore which are Spa Operators operating in Singapore and which provide a designed programme that offers healthy elements such as physical fitness, relaxation, stress relief, nutrition and mind body components and which in the opinion of the Committee conforms to set standards and practices required of members in the Society. Ordinary Members shall be Corporate Entities.

Ordinary Member must participate and pass the Accreditation Program before being admitted as an Ordinary Member. Please refer to the Accreditation Program Checklist in Appendix 1.

Associate Membership

Associate Membership shall be extended to businesses that provide spa-related services and products to spa operators.

APPLICATION FEES

Category	Ordinary	Associate
Registration and/or Administration fee <i>(non-refundable)</i>	S\$200	S\$100
Entrance fee	S\$500	S\$100
Annual Subscription	S\$360 for 1st Outlet S\$180 per subsequent outlet	S\$150 for 1st Outlet S\$75 per subsequent outlet
Accreditation Assessment Fee <i>(non-refundable)</i> <ul style="list-style-type: none"> ▪ 1st Outlet ▪ Subsequent Outlets 	S\$800 S\$600 per outlet under same trade name and legal entity	

Note:

Members joining in the first half of the financial year shall pay a full year's subscription and those joining during the second half of the financial year shall pay one-half of the full year's subscription.

All ordinary members must undergo accreditation assessment in every December of even year (i.e., 2006/2008/2010).

Membership application approved within four (4) months prior to scheduled term is not subject to undergo the accreditation assessment for the following term.

The membership application process takes at least two (2) months for approval.



APPLICATION FOR ORDINARY / ASSOCIATE* MEMBERSHIP

Part A: About Your Company

Name of Company			
Registered Address			
Mailing Address			
Date of Incorporation			
Business Registration Number [issued by RCB]		Country of Incorporation	
Telephone		Fax	
Email		Website	
Name of CEO / Head of Company		Official Designation	
Contact Number		Mobile Phone	
Email			

Type of Business (please tick):

- Day Spa Hotel/Resort Spa Destination Spa Medical Spa
 Consultancy Supplier Spa cuisine Training Provider
 Affiliate Business (please specify: _____)
 Nail spa, Reflexology Centre, Travel Agent (please specify) _____

Part B: Your Representative

Name of Appointed Representative		Designation	
Contact Number		Mobile Phone	
Email			

* Please delete accordingly.

Part C: Outlets to Be Included For This Membership

[Associate Membership Applicant may indicate "N.A." if not applicable]

Name of Outlet(s) 1 / 2 / 3 / 4 / 5*				
Outlet Address				
Trade Name				
Massage Establishment Licence [issued by Police Licensing Division]				
Contact Person				
Designation				
Telephone Number	Office:	Mobile:		
Indicate % of total spa area dedicated to:				
• Reception / Waiting area			%	
• Relaxation area			%	
• Pantry for back of house preparation of treatments / services			%	
• Staff Pantry			%	
• Manicure/Pedicure			%	
• Foot Reflexology			%	
• Wet Area for steam/sauna / whirlpool/hydrotherapy/Vichy shower etc			%	
• Locker and Dress-up areas			%	
• Retail Area			%	
• Spa Lounge			%	
• Treatment Rooms	No of Single rm:	No of couple rm:	Ave Size per rm: sq m/sq ft	Total areas: %
• Others: Please specify	sq m / sq ft			
Total Floor Area of the spa (Sq m)		sq m / sq ft		
Therapist workforce:				
Total Number of Therapists				
Do you have 50% of therapists with NSRS / CIDESCO / CIBTAC / ITEC / NITEC qualifications in this outlet		<input type="checkbox"/> Yes		<input type="checkbox"/> No

Indicate the services provided and the estimated proportion of sales:	Indicate % of sales of each service
▪ Massage	%
▪ Hydrotherapy	%
▪ Body Beauty e.g. Cellulite, Body Toning / Contouring, Waxing, Homecare Programmes (please circle accordingly)	%
▪ Facial & Beauty e.g. Facials, Advanced Medical Facials, Laser Hair Removal, Electrolysis, Make-up Consultation (please circle accordingly)	%
▪ Hair / Nail services	%
▪ Body Wrap & Body Scrub	%
▪ Slimming Services	%
▪ Foot Reflexology	%
▪ Dietary and Nutrition Advice	%
▪ Wellness Screening	%
▪ Sales of Products	%
▪ Spa cuisine	%
▪ Personal training / Yoga / Meditation (please circle accordingly)	%
▪ Other Services (Please state: _____)	%
Total	100 %

** Please duplicate this copy where applicable for company with more than one spa outlets*

Part D: Other Information

[Associate Membership Applicant may indicate "N.A" if not applicable]

APPLICATION SUBMISSION CHECKLIST

No	Document	Remarks
1	Application Form (fully completed)	
2	Latest Registry of Company (ROC) Certificate	
3	Massage Establishment License or other Operating Licence*	
4	Business Profile	
5	Layout of Floor Plan*	
6	Pictures of Staff in Uniform*	
7	Spa Brochures / Spa Menus*	
8	Marketing / Promotional Materials*	
9	Certificates (e.g. CPR and etc)*	
10	Accreditation Program Checklist* (fully completed)	
11	Other materials (please state)	
12	<p>3 cheques made payable to Spa Association Singapore:</p> <p>a) 1 cheque for Accreditation Programme* (<i>non-refundable</i>).</p> <p>b) 1 cheque for registration and/or administration fee (<i>non-refundable</i>).</p> <p>c) 1 cheque for entrance fee and annual subscription fee. (<i>The entrance fee and annual subscription fee will be refunded if your application is unsuccessful</i>).</p>	
13	<p>Forward application to:</p> <p>Secretariat Office Spa Association Singapore 45 Cantonment Road Singapore 089748</p>	

***Document relevant to Ordinary Membership applications only**

Part E : Declaration

We hereby certify that all information provided in this application is true and accurate.

We would like to apply for
[please tick appropriate box in right column]

Name of Representative / Applicant
Designation

Signature & Date

Company Stamp

Membership Category

Ordinary Associate

Accreditation Program Checklist

[This part is not applicable to Associate Membership Applicant]
Please tick accordingly:

A1	Licences / Insurance / Staff's qualifications	Yes	No	Remarks
i.	Business licenses stipulated by ME complied.			
ii.	Information in Massage Establishment License is same as the Business Registration.			
iii.	Do you have public liability insurance?			
iv.	Do you have layout of Spa / floor plan?			If yes, please attach
v.	Are your staffs provided with uniforms?			If yes, please provide photograph of staff in uniform
vi.	Do you have at least one staff who has CPR and Occupational First Aid Certification on site during operating hours?			If yes, please attach certificate
A2	Brochures / Marketing Collateral	Yes	No	Remarks
i.	The menu is readily available for customer's reference with rack rates reflected.			If yes, please attach
ii.	Promotional literature and illustrations available.			If yes, please attach
iii.	Printed treatment menu with pricing stated.			If yes, please attach
iv.	Printed brochures and marketing collateral.			
A3	Essences of a Spa	Yes	No	Remarks
i.	Appropriate spa locality			
ii.	Clean, safe, calming and nurturing			
iii.	The spa appeals to each of the five senses: scent, sound, sight, touch & taste			
A4	Spa Operations	Yes	No	Remarks
i.	Do you have Company's Standard Operation Procedure (SOP) Manual in place?			If yes, please show during assessment
ii.	Do you have the following spa facilities or equipment:			
	▪ Showers			
	▪ Hydrotherapy (e.g. Vichy shower, whirlpool, balneotherapy etc)			
	▪ Beauty Equipment			
	▪ Body Equipment			
	▪ Others [please specify]			
iii.	The facility offers a relaxation area.			
iv.	It has separate showering and changing facilities for women and men. If not, why?			
v.	The facility has treatment rooms with attached shower rooms.			
vi.	The Spa offers clean robes / footwear / disposables (please circle accordingly).			
vii.	Good laundry procedures in place with regard to bedding and linen.			

A5	Entrance / Reception Requirements	Yes	No	Remarks
i.	Area is neat and clean.			
ii.	Signage is clearly displayed.			
iii.	There is a waiting area made available for guests who are in transition.			
iv.	There is a retail display/boutique.			
v.	Appropriate lighting.			
vi.	Acceptable music.			
A6	Reception staff's / therapists' professionalism and attitude	Yes	No	Remarks
i.	Reception staff show welcoming attitude.			
ii.	The reception staffs are able to answer queries pertaining to treatments.			
iii.	50% of therapists are able to converse in English.			
iv.	Qualified therapists are able to conduct pre-treatment assessment and post treatment advice			
A7	Work Safety and Hygiene	Yes	No	Remarks
i.	Safety signages are clearly displayed.			
ii.	The Spa has plans for emergency and evacuation.			
iii.	A first aid kit, completely stocked, is made available at all times.			
iv.	Cleaning and maintenance of implements and equipment kept sterilized in accordance with manufacturer's guidelines.			
A8	Staff Training	Yes	No	Remarks
i.	The staffs of the applicant have received adequate training to undertake usage of the products.			
ii.	Service recovery procedure in place.			
iii.	The staff has been provided with a job description.			