MALAYSIAN ASSOCIATION OF Wellness & Spa

MALAYSIAN ASSOCIATION OF WELLNESS AND SPA (ROS: PPM-004-10-07032006)

Suite 32-01-100, Menara Keck Seng, 203 Jalan Bukit Bintang 55100 Kuala Lumpur, Malaysia

Website: www.mawspa.org Email: mawspa22@gmail.com Mobile: +60 17 9898 952

"The Voice of Malaysian Wellness & Spa"

MEMBERSHIP FORM

Do you currently have an existing membership with Mawspa? ◯ **YES** ◯ **NO**

If **YES**, please provide your membership no: _____

Type of Business *(please tick)*:

◯ Day Spa (non-hotel/resort) ◯ Medi Spa ◯ Hotel / Resort / Cruise Ship Spa

◯ Destination Spa ◯ Foot Massage Centre

◯ Spa Affiliate, eg: consultant, supplier, school/training/academy *(please specify)* _____

◯ Others _____

Membership Type *(please tick)*:

◯ Ordinary (Spa Operator) ◯ Ordinary (Spa Provider) ◯ Associates (Professional)

Business Contact Details

Business/Company name: _____

Registration No.: _____

Trading Name: _____

Website / FB / IG if ANY: _____

Address of Spa *(location)*: _____

Correspondence Address: *(if different than above)* _____

Tel of Spa: _____ Email: _____

No. of Employees: _____ Qualification in the Industry: _____

Details of Key Representative:

Name: _____

Designation: _____

Mobile: _____ Email: _____

Kindly complete this application form and Email us at **mawspa22@gmail.com.**

Your application will be reviewed and we will revert on further requirements as soon as possible.

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MEMBERSHIP FORM

FOR ASSOCIATE APPLICATION

Name:

NRIC / Passport No.:

Type of Profession:

FB / IG if ANY:

Correspondence Address:

Mobile: Email:

Qualification / Certification:

References:

Declaration

- Have you or any director or person in charge of your business ever been declared Bankrupt or involved in a company which had its affairs placed under the control of another due to the financial circumstances of the company including an application to wind up, the appointment of an administrator, liquidator or receiver? ◯ **YES** ◯ **NO**
  If **YES**, *(please attach full details)*
- Have you or any director or person in charge of your business ever been fined, disqualified or suspended by the Office of Fair Trading, or Court? ◯ **YES** ◯ **NO**
  If **YES**, *(please attach full details)*
- If accepted as a member of the MALAYSIAN ASSOCIATION OF WELLNESS AND SPA (MAWSPA), I/We hereby agree to be bound by the Memorandum and Articles and by any rules from time to time published by the Board of Members and be personally liable, if necessary, to pay any annual subscription fees, as the Board shall from time to time determine. In addition, if accepted as a Member there is an ongoing duty to disclose any changes not limited to the following: licenses or other circumstances that may affect membership.
- I/We agree to support the aims and objectives of the Association and to abide by its Rules and Code of Ethics.
- I/We declare that all the information contained herein is true and correct.

Duly completed and submitted by:

signature

Name:

Designation:

Date:

Company Stamp

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MEMBERSHIP FORM

FOR ORDINARY AND ASSOCIATE APPLICATION:

Make sure the following documents are readily available (where applicable).

1. Complete Membership Form
2. Membership Profile format *(for Ordinary Member Only)*
3. Copy of company registration (SSM)
4. Copy of Director NRIC/Passport
5. Company authorisation letter - employee *(if representative other than the Director)*
6. Copy of KWSP/SOCSO *(if the representative is the employee)*

FOR ORDINARY (SPA PROVIDER)

Ordinary Members are to submit this Application Form together with a full set of **Collaterals / Brochures** and any other information that may assist us in processing your submission.

NOTE! Ordinary Member applicants will require **MAWSPA inspection** of the premise before approval of Membership can be given. MAWSPA charges shall be **RM150.00** (within the state) per inspection. The new members should also bear flight and accommodation if MAWSPA officers need to travel to different states.

Many thanks for your interest in joining the MAWSPA family!

For MAWSPA Office Use Only:

Date Received: _____ Date of Acknowledgement: _____

Date to be Reviewed & by: _____

Proposed by: _____

Second by: _____

Inspection by: _____

Approved / Not Approved by Committee on: _____

Reason for Non-Approval: _____

Approved as what Type of Membership: _____

Official Review Signatures:

President or Vice President	Honorary Secretary	Honorary Treasurer
Name:	Name:	Name:
Date:	Date:	Date:

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MEMBERSHIP FORM

Business & facilities requirements *(please tick)*:

1. Written Code of Ethics as part of Company Culture ◯ YES ◯ NO
2. Qualify within one of the four Categories of Spa Business as defined by MAWSPA ◯ YES ◯ NO
   (see page two for list of Categories - see Fact Sheet for definitions)
3. Properly Registered Business, Company or Foreign Company ◯ YES ◯ NO
   - Provide Company Registration Number: _____
4. Hold Valid License *(based on state regulations)* ◯ YES ◯ NO
   - Provide License Details here: _____
5. If run by an Outside Operator, is said Operator properly registered in Malaysia? ◯ YES ◯ NO
   - Name of Operating Company: _____
   - Provide Company Registration Number: _____
6. Spa Operational Hours-Must Open No Earlier than 5am & Close No Later than 12am ◯ YES ◯ NO
7. Employ, Well Trained Staff meeting the following Criteria: ◯ YES ◯ NO
   - Therapists are well trained in the area of spa therapies
     - Total Number of Therapists Currently Employed: _____
       # of Malaysians: _____ # of Foreigners: _____
     - What is Nationality of Foreign Therapists?: _____
     - Current Number of Vacancies for Therapists: _____
8. Therapists must possess at least one of the following criteria:
   - A minimum of 600 training hours with certification from a reputable school recognised by TCM / industry and MAWSPA ◯ YES ◯ NO

   or
   - A minimum two years working experience in reputable spa establishment(s) ◯ YES ◯ NO
9. Fully qualified supervisory and management staff on duty during operating hours ◯ YES ◯ NO
   # of Supervisors: _____ # of Manager: _____
10. All staff demonstrate professional, appropriate and ethical behaviour to clientele at all times ◯ YES ◯ NO
11. All staff properly trained in health and safety procedures with well being of clients top priority ◯ YES ◯ NO
12. All staff are in proper uniforms ◯ YES ◯ NO
13. All guests/clients are registered upon arrival and records kept on file ◯ YES ◯ NO

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Business & facilities requirements *(please tick)*:

14. Properly documented Standard Operating Procedures & Training Manuals are on site and in use covering at least the following basic requirements:
    - GUEST INTERACTIONS: ◯ YES ◯ NO
    - HUMAN RESOURCES: ◯ YES ◯ NO
    - HOUSE KEEPING: ◯ YES ◯ NO
    - EMPLOYEE HANDBOOK: ◯ YES ◯ NO
    - TRAINING MANUALS: ◯ YES ◯ NO
15. Incorporate water treatments and/or water therapies into daily treatment menu as defined under "Spa Business" and show evidence of water treatment facilities (excluding standard showers in locker rooms) ◯ YES ◯ NO
    - Please Describe your Water Treatment: _____
16. Facilities Checklist:

Located in:
- Hotel/Resort/Cruise Ship/Golf Club ◯ YES ◯ NO
- Shopping Complex ◯ YES ◯ NO
- Shop Office Building ◯ YES ◯ NO
- Stand Alone Building ◯ YES ◯ NO
- Other: _____ ◯ YES ◯ NO

Size:
- Under 1,000 sqf ◯ YES ◯ NO
- 1,001-2,000 sqf ◯ YES ◯ NO
- 2,001-5,000 sqf ◯ YES ◯ NO
- Over 5,000 sqf ◯ YES ◯ NO

Facilities:
- 3-5 Treatment Rooms ◯ YES ◯ NO
- 6-10 Treatment Rooms ◯ YES ◯ NO
- 11-20 Treatment Rooms ◯ YES ◯ NO
- Over 20 Treatment Rooms ◯ YES ◯ NO
- Each Treatment Room Minimum 90 sqf ◯ YES ◯ NO

Total Number of Beds: _____

- Dedicated Reception Area ◯ YES ◯ NO
- Retail Area ◯ YES ◯ NO
- Rest / Relaxation Area ◯ YES ◯ NO
- Separate Toilets for Men & Ladies ◯ YES ◯ NO
- Lockers Available ◯ YES ◯ NO
- Safety Deposit Boxes Available ◯ YES ◯ NO
- Other: _____

Additional Remarks: _____