



Lifestyle Rewards Spas:

• Ballito	: La Montagne Hotel & Spa	+27 (0) 32 946 1356
• Belfast	: Kloppenheim Country Estate & Spa	+27 (0) 13 256 9148
• Brits-North West	: Magalies Park Resort & Spa	+27 (0) 12 207 9000
• Cape Town	: Mount Sierra Resort & Spa	+27 (0) 21 424 1685
• Cape Town	: Riviera Suites Resort & Spa	+27 (0) 21 434 1040
• Chaka's Rock	: Chaka's Rock Resort & Spa	+27 (0) 32 525 5008
• Drakensberg	: Bushmans Nek Hotel & Spa	+27 (0) 33 701 1460
• Drakensberg	: Drak.Gardens Resort & Spa	+27 (0) 33 701 1355
• Drakensberg	: Monks Cowl Resort and Spa	+27 (0) 36 468 1465
• Eastern Cape	: Hole in the Wall Resort & Spa	+27 (0) 47 575 0009
• Garden Route	: Pinnacle Point Estate	+27 (0) 44 606 5341
• Harrismith	: Qwantani Resort & Spa	+27 (0) 58 623 0882
• Margate	: Margate Sands Resort & Spa	+27 (0) 39 312 8100
• Margate	: La Cote D'azur Resort & Spa	+27 (0) 39 312 1521
• Mooi River	: Midlands Resort & Spa	+27 (0) 33 263 2758
• North Beach	: The Palace Hotel & Spa	+27 (0) 31 332 8351
• Port Edward	: Caribbean Estate	+27 (0) 39 311 1312
• Scottburgh	: Selborne Hotel & Spa	+27 (0) 39 688 1800
• Umdloti	: Perna Perna Resort & Spa	+27 (0) 31 568 1098
• Umhlanga	: Breakers Resort	+27 (0) 31 561 2271
• Umhlanga	: Umhlanga Sands Resort	+27 (0) 31 561 2323
• Vryheid	: Natal Spa Hotsprings Resort	+27 (0) 34 995 0300
• West Coast	: Club Mykonos Resort & Spa	+27 (0) 22 707 7174

Head Office:
☎ 0860 567 567



Join Lifestyle Rewards today and
Save 20%

www.lavitaspas.com

Lifestyle Rewards
Spa Membership

Reward Yourself!

Relaxation Awaits You!

Reward Yourself!

Membership
Rewards
20% OFF
Welcome

Welcome to Lifestyle Rewards Membership
brought to you by La vita.

Join today & enjoy treatments to the value of R1320 & up to R600 worth of Gifts per annum.

Complete the Application for Membership & immediately enjoy the amazing benefits.

For only R60 pm, paid by debit order, you enjoy a whole new way of wellness including:

- **20% DISCOUNT** on standard **TREATMENTS**.
- **10% DISCOUNT** on the **La Vita GIFT** collection
- **FREE MEMBERSHIP** to **CAZABELLA** online store (www.cazabella.co.za).
- A **FULL BODY MASSAGE**, credited to your account every 6 months, (value R660).
- **R200 GIFT VOUCHER** each time you reach 2000 points.
- Book a paying treatment in February, May & November and qualify for a **FREE GIFT** valued at **R200**.

Terms & Conditions



The member applies for membership to Lifestyle Rewards and undertakes to pay by debit order the amount as set out on the Application for Membership. La Vita reserves the right to decline, or withdraw the Membership at any time. You are required to show your valid South African ID or passport to register and change your details.

Membership is not transferable. Statements can be viewed at all participating Spas. La Vita reserves the right to close any account that is inactive. Credits on closed accounts will be forfeited.

Your Membership card cannot be used as a credit, debit or guarantee card. For all lost, stolen or defaced cards, call at your nearest Spa. A 30 day written notice is required, should you wish to cancel your Membership. Being registered as a member of Lifestyle Rewards, irrevocably signifies your agreement to the above Terms and Conditions.

Cellutology SA (Pty) Ltd. Reg. No. 2002/015806/07

P. O. Box 408, Pinetown 3600

 0860 567 567

**Complete and Submit
APPLICATION FOR MEMBERSHIP**

[illegible]

The Applicant hereby applies for Membership to La Vita Lifestyle Rewards, subject to the Terms & Conditions, which the Applicant confirms he/she has received and read.

Full Name: _____

Title: _____ Date of Birth: ____/____/____

[illegible]

(Cell) 2: _____

Email : _____

La Vita Spa commits to keeping personal information safe and secure at all times, and will not make details available to any other company or organisation. Should you prefer not to receive any marketing communication, you should notify La Vita Spa in writing.

Signature of Applicant: _____

DEBIT ORDER INSTRUCTION: R60.00 PER MONTH

I, the undersigned hereby authorise Cellutology SA (Pty)Ltd to debit the following bank account with the monthly amount as shown above on the 1st day of each month.

Account Holders Name: _____

Bank Name: _____

Branch Name: _____

Branch Code:

[illegible]Type of Account: Current ☐ Savings ☐ Transmission ☐

Signature of Account Holder

____/____/____
Date