



PEARL GROUP

Hospitality Beyond Borders

PEARL GROUP OF MARKETING

MEMBERSHIP SALE FORM

Member,s Name

Sales Rep. Name

NIC No.

Supplementary Name

Membership Number

Organization Designation

Email Address

Office Address

Residence Address

NEW

RENEWAL

SUPPLEMENT

RENEWAL SUPPLEMENT

Res Number

Mobile

Fax

MODE OF PAYMENT

AMOUNT RS. _____

OR CREDIT CARD TYPE _____ EXPIRY _____

CASH _____

CARD NO.

CHEQUE NO. _____

I hereby accept the charges on my above mentioned credit card for being

DRAWN ON _____ BANK

member of the PEARL Executive Card. The proceed of Rs _____

May be forward to PEARL Group.

DATE _____

AUTHORISED SIGNATURE _____

OFFICE USE ONLY

SALES COORDINATOR

FIELD OFFICER

CUSTOMERS SERVICES MANAGER

PROGRAM MANAGER