

UR CARD APPLICATION FORM

Thank you for your request. Please take a few minutes of your time to fill in the information below and submit the form to us via email urcard@uhotelsresorts.com.

Title:				
First Name:				
Last Name:				
Gender:	Female	Male		
Date of Birth:	Month	Date	Year	
Marital Status:	Single	Married		
No. of Children:				
Company:				
Position:				
Work Email:				
Personal Email:				
Telephone:				
Postal Address:				
Cir				
City:				
Post Code:				
Country:				
Interests:	Travel Entertainment	Dining	Sport	Readi
Are you also mem	nbers of other rec	cognition progra	.ms?	
Yes If yes, please clari	No of			
Would you like to	o receive our mai	rketing materials	s? Yes	