



DREAM
VACATION CLUB

MEMBER REFERRAL FORM

Please complete and sign the form below and return it to your sales agent
or email it to info@dreamresorts.co.za

MEMBER DETAILS

MEMBER NAME	
MEMBER NUMBER	
CONTACT NUMBER	
DATE	

REFERRAL CLIENTS

NO	CLIENT NAME	CONTACT NUMBER	EMAIL	PROVINCE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

I hereby confirm that all the above persons have been informed that they will be contacted by a Dream Vacation Club agent for marketing purposes. I acknowledge that holiday coupon(s) will only be issued once a referred person(s) successfully signs up as a Dream Vacation club member.

Member's signature

Date