



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 will be informed that they will be contacted by a Dream Vacation Club agent for marketing purposes. I acknowledge that free life points will only be issued once a referred person(s) successfully signs up as a Dream Vacation Club member.

Member's signature

Date

Terms & Conditions apply. Dream Vacation Club reserves the rights to reject the referral form if not completed correctly and signed. The value of allocated life points is based on the amount of successfully signed up referrals.