TREGONING
MAINTENANCE

# HOMECARE MEMBERSHIP REGISTRATION FORM

## CUSTOMER DETAILS

Full Name

Property Address

Community

Email

Mobile

Preferred Contact Method ☐ Telephone ☐ WhatsApp ☐ Email

## MEMBERSHIP SELECTION

Select Membership ☐ Essential ☐ Plus

## PROPERTY INFORMATION

Property Type ☐ Apartment ☐ Villa

Bedrooms ☐ Studio ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6+

Number of AC Units

## PAYMENT

Annual Membership Fee (AED)

VAT (AED)

Total Paid (AED)

Date Paid

Payment Method ☐ Bank Transfer ☐ Credit Card ☐ Cash

## CUSTOMER DECLARATION

I confirm that I wish to join Tregoning HomeCare and have read the Membership Guide, including the Terms & Conditions and Fair Usage Policy.

Customer Signature

Date

## TREGONING HOMECARE OFFICE USE ONLY

Membership Number

Start Date

Renewal Date

Account Manager