

Membership Sign Up Form

I/We have read the membership plans for Paradise Private Hospital Corporate Medical Lounge and agree to sign up for the following plan/s. (please tick ✓)

Silver Plan (Individual)

Gold Plan (Family)

Platinum (Executive Team)

Name: _____
(if corporate, please state the Company)

Mobile (preferred): _____ Mobile (secondary): _____

Landline: _____

Email: _____

Company: _____

Position: _____

Spouse Name: _____

Signed: _____ Date: _____

Please forward your completed application to Paradise Private Hospital Business & Alliance Team.

Joy Sagati Business & Alliance Manager
📞 7533 7222 ✉️ jsagati@pahgrp.com

Joseph Demas Communication Lead
📞 7208 5106 ✉️ jdemas@pahgrp.com

We appreciate and thank you for choosing Paradise Private Hospital. This is one of our new initiatives and we are proud and delighted for you to join our new Corporate Medical lounge.

Welcome on Board

📞 325 6022

✉️ pphenquiries@pagrp.com

🌐 www.pahgrp.com

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