

SWAS

Specialists in Wellness
Association Singapore

新加坡养生专家协会

SHAPE THE INDUSTRY FUTURE WITH US

Register as a member of SWAS



About SWAS

SWAS was founded in 2004 by professionals and stakeholders in the Wellness industry. SWAS's objective is to promote good business practices and communication; facilitate networking and collaboration amongst members and with other organisations; upgrade industry standards, education and training to enhance management and operational capabilities.

SWAS currently represents stakeholders from Beauty, Slimming, Hair, Nail, Spas, Fitness and Massage sectors of the Wellness industry.

Members' Benefits

- Receive exclusive newsletter, email, and social media updates on developments in the industry.
- Obtain legal counsel on topics relating to the spa and wellness sector.
- Consult with our team of subject matter experts for company enhancement strategies.
- Enhance your brand's visibility via SWAS industry events (SRCT, SWAS Excellence Star Awards).
- Participate in the extensive network of industry connections.
- Take advantage of excellent group discounts and cost savings on third-party services.
- Empowering your company with our SWAS decal to set yourself out from the competition.

Members Development

Develop skills and high expectations to assure treatment effectiveness and safety, as well as to enhance service quality and customer satisfaction.

Customer Relations

Promote ethical business methods to improve brand recognition, product quality and customer connections.

Business Improvement

Increase revenue and profitability through enhancing the business environment, skills and competitive edge.

SWAS
Mission

<https://www.swas.sg>

Membership

COMPANY CATEGORY

Corporate Members

Singapore registered Businesses and Companies involved in Beauty and/or Wellness services; the sale and distribution of Beauty and/or Wellness products; providing services in training, IT, management systems and/or consultancy to Beauty and/or Wellness businesses may join the association as a Corporate Member.

Associate Members

Businesses and Companies including non-Singapore registered businesses and companies, who are not eligible to join as Corporate Member.

Membership Dues Calculation

NO OF OUTLETS

Entrance Fee

Membership Fee

1 to 3

\$ 50 / one time

\$ 360 / yearly

4 to 7

\$ 50 / one time

\$ 450 / yearly

8 to 20

\$ 50 / one time

\$ 600 / yearly

21 & Above

\$ 50 / one time

\$ 1000 / yearly

Hear from Our Members

Suzanne Ng Republic Polytechnic

The last few years have been challenging, especially for our industry.

Hence, I am very pleased that SWAS has launched the inaugural SWAS Excellence Star Awards.

As the award seeks to promote and recognise excellence in continuous professional development amongst the professionals and operators in the industry.

Dawn Yip Jean Yip Group

After joining SWAS, we are exposed to many different opportunities for learning and international networking.

Particularly, SRCT & Pearson BTEC program, will be a good framework to train my staff and will prepare them for the future skill sets needed.

Jason Ang Kuko Beauty

Kuko Beauty is proud a member of SWAS. The association decal helps to differentiate our salon as a quality service provider.

The SWAS Excellence Star Awards acknowledged the SME operator, that strives to provide the quality services that exceed our customers expectation.

Contact Us and Become a Member



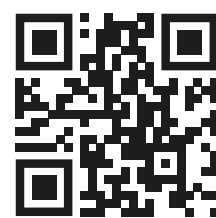
+65 9635 7658



secretariat@swas.sg



<https://www.swas.sg>



SCAN ME

SWAS CORPORATE MEMBERSHIP APPLICATION FORM

Please email the completed form to secretariat@swas.sg

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Company Information (please fill-in all information in CAPITAL LETTERS)

Business Name _____ Co. Registration No _____
Business Address _____ Business Tel _____
Business Email _____ Website _____
Select the Membership Type () 1-3 Outlets S\$ 360 () 4-6 outlets S\$ 450
() >10 Outlets S\$ 600. Please specify: _____

Nature of Business

Field & Nature of Business (Please tick accordingly)

() Face () Slimming () Equipment
() Hair () Spa & Wellness () Product
() Nail () Health & Fitness () Others, pls specify _____
() Education & Training _____

Massage Establishment Licence

(if applicable):

() Cat I () Cat II
() Exempt

CaseTrust Accreditation () Yes () No

Contact Person Details

1st Nominee

First Name _____ Last Name _____
Salutation Prof. /Dr. / Mr. / Mrs/ Ms. _____
Job Title _____ Nationality _____
Mobile _____ Email _____
Professional Qualification (s) _____

2nd Nominee

First Name _____ Last Name _____
Salutation Prof. /Dr. / Mr. / Mrs/ Ms. _____
Job Title _____ Nationality _____
Mobile _____ Email _____
Professional Qualification (s) _____

Documents to be submitted (1) Completed Application Form, (2) ACRA, (3) SPA License (applicable for Spa business)
(4) Photo of Facilities (5) Other relevant documents (if any)

How do you learn about SWAS ? () Exhibition () Search Engine () Social Media
() Referral, pls provide the name _____

Authorisation

- () I agree to be listed as a member on SWAS' directory and website.
() I agree not to release or disclose any exclusive SWAS' membership information to third parties.
() I authorise SWAS to release my contact information to third parties for business matching/networking.
() I would like to receive regular updates and invitations to attend SWAS' activities and SWAS supported events.

Declaration

I, the undersigned hereby declare that I am over 18 years old and have full legal and corporate authority to submit this application form on behalf of the applicant. I confirm that the nominee(s) named in this form are appointed legal representatives of the applicant in SWAS' business and activities and that they have never been convicted of any criminal offense in Singapore or any other jurisdictions.

Name _____ Designation _____ Signature & Date _____
Membership Application Form 2022

SWAS INDIVIDUAL MEMBERSHIP APPLICATION FORM

Please email the completed form to secretariat@swas.sg

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Personal Information (please fill-in all information in CAPITAL LETTERS)

First Name _____ Last Name _____
Salutation Prof. /Dr. / Mr. / Mrs/ Ms. Gender () Male () Female
Last 4 characters of NRIC _____ Nationality _____
Home Address _____ Postal Code _____
Mobile _____ Email _____
Professional Qualification (s) _____

Select the Membership Type () Professional Member S\$ 180 (with voting right)
() Provisional Membership S\$ 60 (no voting right)

Employment Details

Job Title _____ Years of Experience _____
Employment Status () Self Employed
() Employee
Business Name _____ Office Tel _____
Business Address _____ Postal Code _____
Business Website _____ Email _____

Field & Nature of Business (Please tick accordingly)

() Face () Slimming () Equipment
() Hair () Spa & Wellness () Product
() Nail () Health & Fitness () Others, pls specify _____
() Education & Training _____

Massage Establishment Licence

(if applicable):
() Cat I () Cat II
() Exempt

CaseTrust Accreditation () Yes () No

Documents to be submitted (1) Completed Application Form (2) Training / Education Certificate

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() Referral, pls provide the name _____

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