

WELLNESS
BEAUTY
CULTURE
COMMUNITY

MODJAJI

MODERN ANCIENT THERAPIES · MODERN WORLD

A
HIGHER
STANDARD
OF
LIVING

MEMBERSHIP & LOYALTY PROGRAMME APPLICATION FORM

A MORE INTENTIONAL YOU

01 PERSONAL INFORMATION

Full name: _____
Preferred name: _____
Date of birth: _____
Mobile number: _____
Email address: _____
Residential address: _____
Work/business address: _____
Preferred method of contact:
☐ WhatsApp ☐ Email ☐ Phone ☐ SMS
Emergency contact name: _____
Emergency contact number: _____
Occupation / Industry: _____
How did you hear about MODJAJI? _____
Have you previously attended a MODJAJI event,
treatment or experience? ☐ Yes ☐ No
Are you currently a member of any other wellness or beauty club?
☐ Yes ☐ No
If yes, please specify: _____

02 YOUR WELLNESS LIFESTYLE

How would you describe your current approach to wellness?

- ☐ Occasional ☐ Regular ☐ Very consistent
☐ Wellness is a major part of my lifestyle
☐ I am beginning my wellness journey

What areas of wellness are most important to you? (Select all that apply)

- | | |
|---|--|
| ☐ Skin health | ☐ Preventative wellness |
| ☐ Body treatments | ☐ Longevity |
| ☐ Massage & relaxation | ☐ Stress management |
| ☐ Fitness & movement | ☐ Spiritual / energetic wellbeing |
| ☐ Nutrition | ☐ Cultural experiences |
| ☐ Mental restoration | ☐ Travel / retreats |
| ☐ Sleep & recovery | ☐ Community |
| ☐ Beauty & grooming | ☐ Other: _____ |

What would you like MODJAJI to help you achieve over the next 6-12 months?

03 MONTHLY WELLNESS PROFILE

How many professional wellness treatments would you ideally like per month?

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5-6 ☐ 7+
☐ I am unsure and would like a recommendation

Which treatments are you most interested in? (Select all that apply)

- | | |
|--|---|
| ☐ Massage | ☐ Wellness consultations |
| ☐ Facials | ☐ Beauty treatments |
| ☐ Body treatments | ☐ Recovery treatments |
| ☐ Body contouring | ☐ Alternative therapies |
| ☐ Lymphatic treatments | ☐ Packages / rituals |
| ☐ Relaxation treatments | ☐ Private wellness days |
| ☐ Skin treatments | ☐ Spa-cations / retreats |
| ☐ Hair / scalp treatments | ☐ Other: _____ |

How often would you like to receive a wellness experience?

- ☐ Weekly ☐ Every 2 weeks ☐ Monthly ☐ Every 6 weeks
☐ As needed

04 HOW YOU WANT TO EXPERIENCE MODJAJI

Where would you prefer to receive your treatments?

- ☐ At my residence (therapist comes to me)
☐ At a MODJAJI facility
☐ A combination of both

Would you like access to MODJAJI's private driver service?

- ☐ Yes - regularly
☐ Yes - occasionally
☐ Only for special experiences/events
☐ No
☐ I would like more information

If using the driver, what would you prefer? (Select all that apply)

- | | |
|--|---|
| ☐ Pick-up and return | ☐ Airport / travel transfers |
| ☐ Pick-up only | ☐ Event transportation |
| ☐ Return only | ☐ Other: _____ |
| ☐ Chauffeur service for wellness days | |

How far are you willing to travel for a MODJAJI experience?

- ☐ Prefer within my area ☐ 30-60 minutes
☐ Up to 15 minutes ☐ Distance does not matter
☐ 15-30 minutes

05 YOUR PREFERRED THERAPIST

Do you prefer to remain with one designated therapist?

- ☐ Yes - strongly
☐ Preferably, yes
☐ I don't mind
☐ I enjoy experiencing different therapists
☐ I would like MODJAJI to recommend someone

What qualities are important to you in a therapist? (Select all that apply)

- | | |
|---|--|
| ☐ Highly experienced | ☐ Specific speciality |
| ☐ Warm and personable | ☐ Luxury-service experience |
| ☐ Quiet / minimal conversation | ☐ Familiarity with my preferences |
| ☐ Very professional | ☐ Cultural sensitivity |
| ☐ Female therapist | ☐ Other: _____ |
| ☐ Male therapist | |

Would you like MODJAJI to maintain a personal treatment profile for you?

- ☐ Yes ☐ No

06 SKIN PROFILE

What would you like to achieve with your skin? (Select all that apply)

- | | |
|--|---|
| ☐ Hydration | ☐ Acne management |
| ☐ Glow / radiance | ☐ Sensitive-skin support |
| ☐ Anti-ageing | ☐ Barrier support |
| ☐ Firmness | ☐ Even skin tone |
| ☐ Texture improvement | ☐ General maintenance |
| ☐ Pigmentation management | ☐ Other: _____ |

How would you describe your skin?

- ☐ Dry ☐ Oily ☐ Combination ☐ Normal
☐ Sensitive ☐ Acne-prone ☐ Dehydrated ☐ Unsure

What skincare concerns are currently most important to you?

What skincare brands or products do you currently use?

Would you like MODJAJI to curate skincare recommendations for you?

- ☐ Yes ☐ No ☐ Occasionally

07 BODY & PHYSICAL WELLNESS

What would you like to achieve with your body wellness?

- | | |
|---|---|
| ☐ Relaxation | ☐ Skin tightening |
| ☐ Muscle recovery | ☐ Cellulite management |
| ☐ Reduced muscle tension | ☐ Post-travel recovery |
| ☐ Improved circulation | ☐ Mobility / flexibility |
| ☐ Lymphatic support | ☐ General maintenance |
| ☐ Body contouring | ☐ Other: _____ |

Are there particular areas of the body you would like us to focus on?

How would you describe your current activity level?

- ☐ Sedentary ☐ Lightly active ☐ Moderately active
☐ Very active ☐ Extremely active

Do you regularly participate in? (Select all that apply)

- | | |
|--|---------------------------------------|
| ☐ Pilates | ☐ Cycling |
| ☐ Yoga | ☐ Swimming |
| ☐ Gym / strength training | ☐ Dance |
| ☐ Running | ☐ Other: _____ |

08 ALLERGIES, SENSITIVITIES & SAFETY

Do you have any known allergies? ☐ Yes ☐ No

If yes, please specify: _____

Are you sensitive or allergic to any of the following? (Select all that apply)

- | | |
|---|---|
| ☐ Fragrance | ☐ Adhesives |
| ☐ Essential oils | ☐ Certain metals |
| ☐ Skincare ingredients | ☐ Food ingredients |
| ☐ Latex | ☐ Other: _____ |
| ☐ Massage oils | |

Do you have any known product or treatment sensitivities?

Are there any ingredients, products or treatments you do not want used?

Is there anything our therapists should know before providing treatments?

10 SAMPLES, GIFTS & DISCOVERY

Would you enjoy receiving a monthly MODJAJI wellness package?

- ☐ Yes ☐ Occasionally ☐ No

What would you most enjoy receiving? (Select all that apply)

- | | |
|--|--|
| ☐ Skincare samples | ☐ Candles / aromatherapy |
| ☐ Wellness products | ☐ Exclusive brand discoveries |
| ☐ Tea / herbal products | ☐ Treatment vouchers |
| ☐ Body-care products | ☐ Event invitations |
| ☐ Beauty products | ☐ Lifestyle gifts |
| ☐ Supplements | ☐ Surprise gifts |

Would you like us to introduce you to new wellness brands?

- ☐ Yes ☐ No

Would you be interested in exclusive member-only products before they become public?

- ☐ Yes ☐ No

11 PRIVATE EXPERIENCES & EVENTS

Which MODJAJI experiences interest you? (Select all that apply)

- | | |
|---|---|
| ☐ Private wellness days | ☐ Fitness experiences |
| ☐ Spa-cations | ☐ Travel experiences |
| ☐ Wellness retreats | ☐ Cultural experiences |
| ☐ Private dinners | ☐ Educational sessions |
| ☐ Beauty experiences | ☐ Private shopping experiences |
| ☐ Product discovery events | ☐ Members-only gatherings |

How frequently would you like to receive invitations?

- ☐ Monthly ☐ Quarterly
☐ Every 2-3 months ☐ Only for major events

Would you prefer intimate experiences or larger events?

- ☐ Highly intimate ☐ Medium-sized
☐ Small groups ☐ Larger events

12 LOYALTY PROGRAMME PREFERENCES

What would make you feel most valued as a MODJAJI member?

- | | |
|---|--|
| ☐ Complimentary treatments | ☐ Birthday experiences |
| ☐ Treatment upgrades | ☐ Member-only events |
| ☐ Priority bookings | ☐ Early access |
| ☐ Dedicated therapist | ☐ Complimentary samples |
| ☐ Private driver access | ☐ Spa-cations / retreats |
| ☐ Exclusive products | ☐ Personal wellness concierge |
| ☐ Monthly gifts | ☐ Preferential pricing |

Would you like to earn loyalty points? ☐ Yes ☐ No

What would you most like to redeem loyalty points for?

- | | |
|-------------------------------------|--|
| ☐ Treatments | ☐ Driver services |
| ☐ Products | ☐ Gifts |
| ☐ Upgrades | ☐ Complimentary experiences |

13 PERSONAL OCCASIONS

Would you like MODJAJI to recognise important dates?

- ☐ Birthday ☐ Personal milestones
☐ Anniversary ☐ Other: _____
☐ Wedding anniversary

Important dates: _____

14 CONCIERGE PREFERENCES

Would you like a MODJAJI Wellness Concierge to recommend treatments?

- ☐ Yes ☐ Occasionally ☐ No

How much personalisation would you like?

- ☐ Basic ☐ Moderate ☐ Highly personalised

Would you like us to remind you when you are due for your next treatment?

- ☐ Yes ☐ No

Would you like us to maintain a suggested monthly wellness schedule?

- ☐ Yes ☐ No

15 PRIVACY & MEMBERSHIP

How important is privacy to you?

- ☐ Important ☐ Very important ☐ Extremely important
Would you prefer private / discreet appointments?

- ☐ Yes ☐ No ☐ Depending on the treatment

Are you comfortable with us maintaining a confidential wellness profile?

- ☐ Yes ☐ No

Would you like access to members-only experiences not publicly advertised?

- ☐ Yes ☐ No

16 FINAL MEMBER PROFILE

In one sentence, what does wellness mean to you?

What would make MODJAJI feel genuinely different for you?

Is there anything else you would like us to know about your lifestyle or goals?

Wellness is a return.
THANK YOU FOR APPLYING
A MORE INTENTIONAL YOU



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