

AMSPA MEMBERSHIP

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HOW TO APPLY FOR AMSPA MEMBERSHIP

This guide is for **new applications only**. If you are renewing, see the last section.

Which Membership is Right for You?

Membership	Who it's for	Requirements
Ordinary	Spas that fall into one or more of these categories: • Day Spa: guests visit for the day only, with no overnight accommodation • Hotel/Resort/Cruise Ship Spa: located in a hotel, resort or cruise ship, with on-site overnight accommodation • Destination Spa: on-site accommodation, with multi-day programs dedicated to spa and wellness • Medi Spa: spa treatments plus integration treatments carried out by medically trained professionals, following Ministry of Health guidelines	• Your company is registered in Malaysia • Your spa business operates in Malaysia • Your treatment menu includes water as part of its treatments
Associate	• Spa operators registered outside Malaysia • Companies that supply products or services to spa operators, in Malaysia or overseas • Other health and beauty businesses: ○ Beauty salons ○ Slimming centres ○ Hairdressing salons ○ Manicure and pedicure centres ○ Foot reflexology centres ○ Fitness centres ○ Other holistic or health practitioners	No set criteria.
Affiliate	• Individuals, not companies • Who provide beauty or health services at a spa	• You have beauty or health qualifications recognised by the Board • The spa where you work is recognised by the Board

Before You Start

1. **Gather all your documents as separate files.** The form cannot be saved halfway and finished later.
2. **Upload each file to a cloud storage or file-sharing service of your choice** (e.g. Google Drive, WeTransfer, Dropbox).
3. **Set each link so that anyone with the link can view it.**
4. **Copy each link and keep it somewhere you can paste from.**

STEPS TO APPLY FOR AMSPA MEMBERSHIP

Step 1: Registration Type

AMSPA Membership 2026

Let's get started

Registration Type For AFFILIATE MEMBERSHIP, choose INDIVIDUAL

☐ New Company
 ☐ Existing Company
 ☐ Individual

Choose one option:

1. **Existing Company:** You have applied for an AMSPA membership before and you are now registering a new branch.
2. **New Company:** This is your company's first application to AMSPA.
3. **Individual:** You are applying for Affiliate membership as an individual.

If you are an **Existing Company**, search for and select your company.

Let's get started

Registration Type For AFFILIATE MEMBERSHIP, choose INDIVIDUAL

☐ New Company
 ☒ Existing Company
 ☐ Individual

Clear selection

Company

Step 2: Membership Type and Today's Date

1. **Select the membership you are applying for:** Ordinary, Associate or Affiliate. If you are not sure, see "Which membership is right for you?" above.
2. **Select today's date.**

Membership

Membership Type * Which membership are you signing up for today?

☐ Ordinary (OR)
☐ Associate (AS)
☐ Affiliate (AF)

Today's Date *

Step 3: Business (New Company Only)

1. Enter your business name and SSM number.
2. Select the date your business was registered with SSM.
3. Select your type of registered company.
4. Enter your business address, phone number and email.
5. Enter your website, if you have one.

Business

If you have an existing company registered with AMSPA, please proceed to PRIMARY CONTACT.

Business Name *

SSM No. *

SSM Registration

Type of Registered *
Company
 ☐ Bumiputera
☐ Non-Bumiputera

Address *

Business Phone *

Business Email *

Website

Step 4: Business Owner (New Company Only)

1. Enter the owner's full name.
2. Enter the owner's NRIC or passport number.
3. Select the owner's gender.
4. Enter the owner's phone number and email.

Owner's Name *	
IC/Passport *	
Gender	
Owner's Phone *	
Owner's Email *	

Step 5: Primary Contact

This is the main contact person for this outlet, such as the manager, if different from the business owner.

1. Enter their name.
2. Select their position.
3. Enter their phone number and email.

Primary Contact

**The main contact person for this branch/outlet, such as the manager, if different than the business owner.*

Contact Name

Contact's Position

- ☐ Owner
- ☐ CEO
- ☐ Director
- ☒ Manager/Supervisor
- ☐ Assistant
- ☐ Other

Contact's Phone

Contact's Email

Step 6: Details of Your Outlet

1. Name: enter your outlet or branch name. Affiliates enter their full name.
2. Entity Type: select HQ, Branch, Association or Individual. Affiliates must choose Individual.
3. Enter the outlet's address, then select the state.
4. Enter the outlet's phone number.
5. Select your type of business. PKU stands for Premis Kesejahteraan dan Urutan, which means wellness and massage premises.
6. Select your license category.
7. Local Authority (PBT): select the local council that issued your premises license. Pick the full name from the list.
8. Select your license validity period.

Details

Address *

State *

Type of Business *

☐ Spa
 ☐ Premis Kesejahteraan dan Urutan (PKU)
 ☐ Academy
 ☐ Association
 ☐ Beauty

License Category *

☐ Permanent
 ☐ Temporary

Local Authority (PBT) *

PBT Registration

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Step 7: Your Spa

1. Select your spa category.
2. Select your client type.
3. Tick whether you offer Urutan Malaysia.
4. Enter the number of beds or chairs.
5. Enter the number of body massages, water treatments and facial treatments you offer.
6. Select your body treatments, then list any other spa treatments.
7. Select your facilities.
8. List any products certified by KKM.
9. Select any wellness programs you run and list what is offered.
10. Tick whether you have an SOP and whether you have a Training Manual.
11. Select the types of staff you have.
12. Enter the number of local therapists and foreign therapists.
13. List the nationalities of your foreign therapists.

Spa Category	
Client Type *	☐ All Females ☐ Female & Males
Offers Urutan Malaysia	☐
# of Beds/Chairs *	
# of Body Massages *	
# of Water Treatments *	
# of Facial Treatments *	
Body Treatments	+
Other Spa Treatments	+

Facilities *	+
Products Certified * by KKM	
Do You Offer Any Wellness Programmes?	☐
Wellness Programmes Offered	
Do you have an SOP?	☐
Do you have a Training Manual?	☐
Types of Staff	+
# of Local Therapists *	

# of Foreign Therapists *	
Nationalities of Foreign Therapist	+

Step 8: Upload your documents

For each document below, paste in the link you copied earlier.

1. **SSM & Spa Licenses:** Your SSM registration and your spa operating licenses.
2. **Premise Photos:** Photos of your premises, including the interior, treatment rooms and reception.
3. **Menu & Price List:** Your treatment menu and prices. Ordinary members: your menu must include treatments that use water.
4. **Training Manual & SOP:** One link containing both documents.
5. **Staff Uniform:** A photo of your staff uniform.

- Before you submit, open each link in a private or incognito window. If it does not open, we cannot view it, so change the sharing setting and try again.

Upload Files

Upload your file to a cloud storage or file-sharing service of your choice (e.g. Google Drive, WeTransfer, Dropbox), then paste the shareable link here. Make sure the link is set to 'Anyone with the link can view' so we can access it.

SSM & Spa Licenses *

Premise Photos *

Menu & Price List *

Training Manual & SOP *

Staff Uniform *

Step 9: Submit

- Check your answers.
- Click Submit.
- The AMSPA Secretariat will review your application and contact you if anything is missing or unclear.

If you are applying as an Affiliate

You only need to complete these parts:

- Step 1: choose Individual.
- Step 2: choose Affiliate and select today's date.
- Step 6: enter your full name, choose Individual for Entity Type, and enter your phone number.
- Upload a digital copy of your professional certificates, business registration or recognised qualifications related to the spa and wellness industry (SKM, CIBTAC, CIDESCO, ITEC, etc.).
- Submit.

AMSPA Membership 2026

Let's get started

Registration Type

For AFFILIATE MEMBERSHIP, choose INDIVIDUAL

☐ New Company
 ☐ Existing Company
 ☒ Individual

Membership

Membership Type *

Which membership are you signing up for today?

☐ Ordinary (OR)

☐ Associate (AS)

☐ Affiliate (AF)

Today's Date *

October 7, 2026

Details

Name *

Enter your outlet/branch name (for Ordinary, Associate, Honorary) or your full name (for Affiliate).

Entity Type *

For Affiliate application only: Choose INDIVIDUAL.

☐ HQ

☐ Branch

☐ Association

☐ Individual

Phone *

For Affiliate Membership Only

Digital Copy of Professional Certificates

Upload your file to a cloud storage or file-sharing service of your choice, then paste the shareable link here.

RENEWING AMSPA MEMBERSHIP

This application form is for new memberships only. Please do not use it to renew.

To renew, contact the AMSPA Secretariat at +60 19-390 9288.