

Warm greetings from Solomon Airlines! Our Exclusive Belama Club membership program offers special benefits including priority check in, seating & baggage, express clearance in Brisbane, use of our air-conditioned Belama Lounge at Honiara International Airport & International Lounge Access and additional baggage allowance for Plus /Max & Business members.

Please note that all the benefits apply on Solomon Airlines marketed services only.

- One-off joining fee of SBD**\$300** plus the membership fee applies
- Membership is based on annual rates only and non- transferable
- This application form must be completed and returned
- Replacement of lost cards will incur an SBD\$350 fee

Membership Type	Annual Rate (SBD)
Belama ME	SBD3995
Belama PLUS	SBD7995
Belama MAX	SBD9995
Belama FAMILY	SBD10995
Belama BUSINESS	SBD19995

Submitting your application

Complete the form and email it to belama@flysolomons.com, or sign up online at www.flysolomons.com/belama-club. Once submitted, you will expect a confirmation email from our team .

Payments : We accept payment via cash/cheque through our offices below & via credit/debit card or direct bank transfers .

Point Cruz Sales Office	Solomon Airlines Head Office
Ph : 44999 (Local Call)	Ph : 20031 (Local Call) Address: Solomon Airlines Sales Office Henderson Airport.
Email : belama@flysolomons.com	
Address: Solomon Airlines Sales Office	
Mendana Avenue Point Cruz	



Belama Club Membership 2024 – Plus

New Membership & Renewal Application Form for Plus Membership

On passport. Also specify who the primary applicant of the two adults is. Surname: First Name (s): PART B. CONTACT DETAILS Please state the contact details of the 1) primary applicant or 2) or y of the other listed applicants below. Residential Address: Telephone (landline): Email: PART C. SPECIAL REQUESTS Seat Preference: Window Meal Preference: Meal Preference: Meal Preference: Line	oplicant access for one person to the Belama Club. Each plus member has the privilege to Belama Club Lounge upon departure from Honiara. The Belama Club Plus Membership
Preferred seating unless already allocated Preferred seating unless already allocated Preferred seating unless already allocated Preferred seating unless already allocated PART A. PERSONAL DETAILS Please fill all required information below. Where appropriate, please specify information as detail on passport. Also specify who the primary applicant of the two adults is. Surname: First Name (s): PART B. CONTACT DETAILS Please state the contact details of the 1) primary applicant or 2) any of the other listed applicants below. Residential Address: Telephone (landline): Email: PART C. SPECIAL REQUESTS Seat Preference: Window Meal Preference(s) Meal Preference:	Access Belama Lounge & Plaza Premium Lounge Brisbane : No Guest
On passport. Also specify who the primary applicant of the two adults is. Surname: First Name (s): PART B. CONTACT DETAILS Please state the contact details of the 1) primary applicant or 2) or the other listed applicants below. Residential Address: Telephone (landline): Email: PART C. SPECIAL REQUESTS Seat Preference: Window Meal Preference(s) Meal Preference: Meal Preference: Line	Cards and Labels Priority check-in & Use of Business class
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PART B. CONTACT DETAILS Please state the contact details of the 1) primary applicant or 2) any of the other listed applicants below. Residential Address: Telephone (Iandline): Telephone (mobile): Telephone (mobile): Email: Telephone (mobile): Telephone (mobile): Telephone (mobile): Telephone (mobile): Seat Preference: Window Aisle Any Meal Preference(s) Telephone (mobile): Telephone (mobile): Telephone (mobile): Seat Preference: Window Aisle Any	
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Telephone (landline): Telephone (mobile): Email: FART C. SPECIAL REQUESTS Seat Preference: Window Meal Preference(s) Aisle Meal Preference:	
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Meal Preference(s) Meal Preference:	
Meal Preference:	Window Aisle Any
PART D. PAYMENT month	
PART D. PAYMENT month	
	month(s)
I am applying for New Belama Plus membership 6 months 1 ye Renewal of Belama Plus Membership. Membership #:	
Method of payment Credit card	
Credit card Card Type: Bank Cheque Cheque #:	
Bank:	
Cash	
PART E. SIGNATURE Signature of applicant: Date: D D M M Y Y	Signature of applicant: