



Premium Membership Enrollment Form

Member Name: _____

Client ID: _____

Membership Description and Payment Schedule: _____

Email Address: _____

1. Your enrollment date is _____ and first payment will be \$____ (\$45,\$30,\$15) billed upon first service.
2. Your Premium Membership of \$45.00 will be due the first day of each quarter(January 1, April 1, July 1,October 1)
By signing below , you authorize The Spa to charge the quartley dues to your designated credit card.
3. On the month of your birthday call anytime for one hour of free service (if multiple appointments are booked for birthday service, the lower service will not be charged).

Terms and Conditions

By signing below, I authorize The Spa to charge the account I have specified. Quartely dues and/or renewal fees will be withdrawn on the 1st day of each quarter. I understand that The Spa may continue to charge my account or cancel my membership in accordance with the terms and conditions of this agreement. Additionally, I authorize The Spa to charge my credit card on file in lieu of presenting it for any services received, at my request.

Entire Agreement: We agree to sell and you agree to purchase the membership, goods and services herein. You agree to pay us for the membership, goods and services according to the payment schedule above. Your signature below indicates your agreement to be bound by the terms, conditions, rules and regulations of this Agreement. All of the terms and conditions in this Agreement, as well as those contained in The Spa Policies & Procedures constitute the entire agreement between you and us. This agreement cannot be amended except in writing by both parties. All persons signing this Agreement are equally responsible for paying it in full.

Canceling Your Membership: You may cancel this membership at any time by giving a 30 day advance written notice prior to the next billing date via Half Off Club Cancellation Form either mailed or e-mailed to The Spa. You are responsible for any and all membership fees until your membership is cancelled in accordance with the terms of this agreement.

Termination by The Spa: The Spa may terminate the membership if member has an unsatisfactory payment history or if the member fails to follow The Spa’s policies and procedures for using the facility.

Cancellation Policy: Please notify The Spa of any changes or cancellations 24 hours prior to your appointment. Any cancellations or changes within 24 hours will be charged the full price of service(s).

You acknowledge receiving and reading a completed copy of this Agreement before signing. You understand that our rules & regulation and terms are incorporated into this agreement.

Member Signature: _____ Date: _____

Payment Authorization

Credit/Debit Card Number: _____ - _____ - _____ Name (as printed on card) _____

Billing Address: _____ City: _____ State: _____ Zip Code _____

Exp Date(mo/yr) _____ Member Printed Name _____

Member Signature: _____ Date: _____