

## **MASSAGE MEMBERSHIP AGREEMENT**

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE 1:** \_\_\_\_\_ **PHONE 2:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **SOCIAL SECURITY/TAX ID:** \_\_\_\_\_

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- 1.) *DOULATOPIA HOLLISTIC WELLNESS WILL PROVIDE THE SERVICE OF MEMBERSHIP RATES ON MASSAGE THERAPY SERVICE, DISCOUNTED FROM NORMAL RATE TO REDUCED RATE OF \$59.00. THIS MEMBERSHIP SHOULD INCLUDE THE PRIVLEDGE OF ONE FREE MASSAGE WITH MONTHLY MEMBERSHIP PAYMENT DIRECTLY TO DOULATOPIA VIA AUTOMATED DRAFT, DURING THE MONTHLY MEMBERSHIP TIME ADDITIONAL MASSAGE APPOINTMENTS SHALL BE REDUCED TO \$40.00, DUE AT TIME OF SERVICE IS RENDERED.*
  - 2.) *ALL UPGRADES AND GRATUITIES SHALL BE MADE PAYABLE AT TIME SERVICE IS RENDERED. UPGRADES TO INCLUDE, BUT NOT LIMITED TO; DEEP TISSUE, THERAPEUTIC, AROMATHERAPY, HOT STONE THERAPY, PRENATAL, MEDICAL.*
  - 3.) *MEMBER SHALL PROVIDE ACCURATE INFORMATION FOR PERSONAL FILE AS WELL AS UPDATES IN ADDRESS, PHONE AND METHOD OF PAYMENT TO ENSURE ACTIVATED STAUS REMAINS SUCH.*
  - 4.) *MONTHLY RATE IS EXCLUSIVELY APPLIED TOWARD MEMBERSHIP PRIVLEDGES.*
  - 5.) *CANCELLATION AT ANYTIME WITH WRITTEN 30 DAY NOTICE, NO PENALTY, OTHERWISE MONTH TO MONTH.*
  - 6.) *A HOLD ON MEMBERSHIP MAY BE APPLIED FOR A PERIOD OF 3 MONTHS WITH A \$25 SERVICE FEE.*
  - 7.) *INSUFFICIENT FUNDS COULD RESULT IN A BANK FINE OR PENALTY FEE OF \$30 PER INCIDENT OR OCCURRENCE.*
  - 8.) *MEMBERSHIP IN EXCLUSIVE TO MEMBER AND NON TRANSFERABLE TO OTHER PERSON, UNLESS ACCEPTED IN WRITING.*
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### **METHOD OF PAYMENT REQUIRED TO ESTABLISH MEMBERSHIP**

**CARD#** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **CODE:** \_\_\_\_\_

**NAME AS IT APPEARS ON CARD:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_