

HMH Monthly Massage Membership Terms:

I understand and agree with the following terms and conditions of this membership:

- The membership monthly fee is specified above. As long as I am enrolled in this membership, this fee will be charged automatically to my credit card on the first day of each month. **MEMBER IN GOOD STANDING: As long as my membership is paid in full on the 1st of every month - I will be considered a member in good standing.**
- Declined Credit Cards: Client will be terminated as Member in Good Standing and will be put on a prepay list.**
- I am required to be a member in good standing for a period of no less than 12 consecutive calendar months from the day my membership takes effect. _____ (Initial)
- This membership entitles me for one prepaid massage (Swedish or therapeutic massage) per month for the duration chosen above. All other services listed in the menu will be available at a discount of 15% off regular price. The membership also entitles me to additional massages for the same duration within the same month at the above specified price for (Swedish or therapeutic massage) and 15% discount off regular price for all other services listed in the menu. _____ (Initial)
- Prepaid massages do not accrue from month to month**__ (Initial). As long as I am a member in good standing I may schedule one prepaid massage per month. _____ (Initial)
- Extensions:** Client can extend their monthly prepaid visit for \$10 to the next month if there is a scheduling conflict as long as they are a client in good standing. _____(Initial)
- This membership is non-transferable.** _____(Initial)
- Pause of Membership: Client may choose to pause their contract.** _____(Initial). Client will provide a 7-day request to pause membership prior to the first of the month. I understand that, in order to successfully pause this automatic charge, notice must be in writing (via e-mail or fax) to HMH Wellness Center.
- Cancellation of Membership: Client may choose to terminate this contract prior to the term of 12 months.** _____(Initial). I will provide a 7-day notice of cancellation prior to the first of the month in which I wish my membership to be discontinued. I understand that, in order to successfully cancel this automatic charge, my 7 day notice of cancellation to HMH Wellness Center must be in writing (via e-mail or fax). **Note: Client will not be able to purchase another contract in future. Will become a prepay client instead.**
- Membership will automatically renew 1 year after signed contract for an additional year, until we receive a letter of cancellation.** __ (Initial)
- Cancellation of an appointment must be received 24 hours prior to my appointment. Late cancellation will be charged 50% of the regular fee and no-shows will be charged full price.** _____(Initial)

Member Signature _____ Date _____