



HMH Wellness Center, Inc. Monthly Membership Application

Name _____ Member ID _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Employment _____ Work Phone _____

E-mail Address _____

Please enroll me in a 12 months (please check the appropriate plan) _____ LMT

- _____ One Hour Massage \$50/month plus tax
- _____ HMH Facelift Massage \$50/month plus tax
- _____ Rock 'n Reflexology \$50/month plus tax
- _____ Deep Tissue Massage \$60/Month plus tax
- _____ 90 Minute Massage \$80/Month plus tax

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. As long as my membership is paid in full I will be considered a member in good standing.
- 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)
- This membership is non-transferable. _____ (Initial)
- A cancellation fee of \$100 is applicable if client chooses to terminate this contract prior to the term of 6 months. _____ (Initial). I have to 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).
- 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 _____

Credit Card automatic Payment authorization

I hereby authorize HMH Wellness Center, Inc. to charge my Visa/ MasterCard/Discover (circle one) during the first week of each month in the amount specified above for the membership I have signed up to. My Credit Card information is:

Credit Card Number _____

Exp. Date _____ CVV Code _____ Billing Zip _____

I agree to pay the above credit card charges in accordance with the Card Issuer Agreement. I understand that HMH Wellness Center, Inc. will automatically add a 5% processing fee to all declined charges.

Card Holder Signature _____ Date _____

Witness _____