



## MEMBERSHIP AGREEMENT

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Monthly Fee: \$ \_\_\_\_\_ Annual Membership Total: \$ \_\_\_\_\_ Paid Today: \$ \_\_\_\_\_

Remainder of membership paid in 11 monthly installments on or after the **1st or 15th** (circle one) day of each month.

Memberships will auto-renew at the end of annual term for \$ \_\_\_\_\_ /month paid on or after the \_\_\_\_ of each month until the submission of a written request.

Membership Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Membership End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of first automatic payment on or after: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I, \_\_\_\_\_, authorize TRINITY MED SPA to charge my monthly membership fees to my financial institution via Electronic Funds Transfer service, with the credit/debit information that I have provided.

I understand that I am in full control of my payment, and if at any time I decide to make any changes to my credit card information, I must complete TRINITY MED SPA'S Payment Change Form. If at any time I decide to terminate my membership, I am required to give TRINITY MED SPA a written 60 days before my next scheduled payment. I also understand no refunds will be issued after membership due has been charged. Change of payment method will not affect other provisions and terms of my agreement. Transactions will appear as charge from "Trinity Med Spa".

Member Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**Notice to Members**

Do not sign this agreement before you have a read it in its entirety. The member is entitled to a completed copy of this agreement. The member acknowledges that this document is an agreement and will become legally binding upon its acceptance by Trinity Med Spa. The member also understands there will be no refunds issued for any charged (member) dues.

The undersigned member acknowledges receipt of Trinity Med Spa’s Spa membership terms and conditions and has read, understands, and agrees to be bound by the terms and conditions as part of this agreement.

Any member, who is under the age of 18, must have a parent or legal guardian co-sign and be present during all office visits. The co-signer, along with the member, agrees to be bound by all terms and conditions of this agreement.

**Release and Waiver of Liability**

I have read and understand this wavier and have been fully informed of all of Trinity Med Spa membership terms and conditions as well s membership benefits and limitations. I certify that I have disclosed all medicated conditions that might affect my treatments. I understand that therapists cannot diagnose any medical conditions and release them from any injury resulting from undiagnosed medical conditions present during my treatment. I assume all responsibility for updating changes in physical and mental condition and for reporting all injuries sustained at Trinity Med Spa at the time of service.

**Disclaimer**

Trinity Med Spa is not responsible for any injury or loss of property to any person while on the premises or participating in Trinity Med Spa’s services. As a member, I assume full responsibility for services received at Trinity Med Spa, it’s affiliates, agents, and employees against any and all liability arising from services rendered.

**Monthly Membership Dues**

Membership dues will be automatically charged to member’s bank account/credit card on the **1st or 15th** (circle one) day of each month.

**Card Information**

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Card Type: MC/VISA/AMEX/DISCOVER

CVV2 Code/CSC # (if any): \_\_\_\_\_ Billing Zip: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



### **Beauty Membership Terms and Conditions**

Monthly memberships are non-transferable however, they **can** be shared up to three times a year. Monthly membership payments or if paid in full is non-refundable. Trinity Med Spa reserves the right to change clinic policies, regulations, and pricing at any time upon providing reasonable notice. All payment will roll-over and accumulate.

#### **Termination**

A 60 day written notice before your next scheduled payment is required to cancel a monthly membership plan.

#### **Auto-Renewal**

Your membership will automatically be renewed at the end of the annual term, unless you submitted a written request to terminate your membership. During the renewal of your membership, your account will continually be charged the monthly membership fee. If your membership has been paid in full, Trinity Med Spa will contact you regarding a renewal.

#### **Referral Program**

If you refer a new client to us and they book a treatment you will receive a \$35 credit on your account.

Member Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_