



## VIP MEMBERSHIP AGREEMENT AND TERMS

Welcome to our VIP membership program! By joining, you are saving money and becoming more vested in your continuing skincare, health and anti-aging. Please initial the following terms and conditions in the space to the left of each numbered line.

### Payment and Terms:

1. \_\_\_\_\_ You will pay your monthly membership amount of \$\_\_\_\_\_ by credit/debit card on file on the 1<sup>st</sup> of each month or on an agreed upon date (enter date)\_\_\_\_\_. Your first payment will be scheduled on the day of you signing up for your VIP membership.

Credit/Debit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

\*Please advise us of any changes regarding the payment card on file or the need to change the chosen date of your monthly payment.

Membership Details and Notice

2. \_\_\_\_\_ You selected the \_\_\_\_\_ monthly membership for which includes the outlined treatments and discounts per month.

3. \_\_\_\_\_ Your membership begins on \_\_\_\_\_ and will last for one month. It will automatically renew at the end of that month at the same rate unless you give two weeks written notice. Quality Healthcare & Wellness Center will provide a notice form to fill out.

4. \_\_\_\_\_ You may upgrade your membership at any time and an updated agreement will be signed then. You cannot lower your membership benefits until the start of the next month's membership.

5. \_\_\_\_\_ Monthly memberships may NOT be used in combination with any other promotional offers and packages, discount coupons or gift certificates.

**Cancellation, Rollover & Scheduling Policy:**

6.\_\_\_\_\_ You must provide a minimum 24-hour notice to cancel an appointment. If such notice is provided, your scheduled treatment will not be forfeited, but will rollover to the rescheduled date. Failure to provide 24-hour notice will result in a forfeit of that service.

7.\_\_\_\_\_ Quality Healthcare & Wellness Center reserves the right to cancel memberships with a 30 day written notice.

**Fees:**

8.\_\_\_\_\_ You will be responsible for any fees for failure to inform us that your credit/debit card has changed or expired. The fee for failure to inform will be \$50.00

9.\_\_\_\_\_ Membership fees do NOT include gratuity.

**Acceptance:**

10.\_\_\_\_\_ You acknowledge receiving and reading a completed copy of this agreement before signing. By signing below, you agree to the terms and conditions as stated in this document.

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

Print Name: \_\_\_\_\_

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

Quality Healthcare & Wellness Center agrees to notify all members of any necessary changes to the membership programs with 30 days notice.

Quality Healthcare & Wellness Center Management

Signature \_\_\_\_\_

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