



**Membership Agreement Form and
Authorization for Automatic Withdrawal of Funds**

Exclusive Monthly Wellness Memberships:

- ◆ Annual fee only \$9.99/mo
- ◆ Save \$15.00 on every massage!
- ◆ Unlimited Massages for only \$59.99!
- ◆ Purchase Gift Cards for all occasions at your exclusive member rate.
- ◆ Many additional "member-only" benefits and specials.
- ◆ Enjoy a FREE Hot Stone upgrade or 80 Min upgrade during your birthday month!
(Full birthday and email required in order to receive this benefit)

Please select your wellness membership type:

60-Minute Massage (\$59.99 per massage)

90-Minute Massage (\$79.99 per massage)

Member Name: _____ **E-mail** _____ **Date:** _____

Membership start/renewal date: ____ / ____ / ____ (1st or 15th of the month)

Select payment type below:

Credit or Debit Card:

Visa MasterCard American Express Discover

CC Number: _____ Expiration Date: _____ V Code: _____

Name of cardholder if different from member name: _____

Terms & Conditions:

Not valid with any other offers; valid only at this location; **massage appointments must be cancelled with 24 hour notice to avoid \$35.00 charge;**

Initials: _____

This is a 12 month membership and may be cancelled with a 30-day notice. There is a cancellation fee of \$59. There will be **no** cancellation fee if you cancel **after** the initial 12 months. To cancel your membership, you must complete & execute the official *Simpson* cancellation form with Simpson front desk staff 30 days prior to your **final** withdrawal date. All accumulated massages will be forfeited upon cancellation. Failure to pay for two consecutive months terminates your membership agreement and forfeits your massages.

Initials: _____

By signing below I agree to the membership type and payment type selected. I authorize *Simpson Advanced Chiropractic & Medical Center* to process credit card transactions from my account. **I understand that this authority will remain in effect until the proper procedures to cancel my membership are followed.**

Member Signature: _____ **Date:** _____ (CCS/GM: _____)