



## Ayurveda Spa Monthly Membership Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Email \_\_\_\_\_

### Please enroll me in - (Please check the chosen option)

- ( ) 60 min/45 min Ayurveda Spa service (excludes Pinda Swedan) for \$79.00 per month
- ( ) 90 min Ayurveda Spa service (excludes Pinda Swedan) for \$109.00 per month
- ( ) 120 min Ayurveda Spa service (excludes Pinda Swedan) for \$149.00 per month

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 **6 consecutive calendar months** from the day my membership takes effect. **Thereafter the membership will continue on a month-on-month basis until member provides a 7-day notice of cancellation in writing.** \_\_\_\_\_(Initial)
- This membership entitles me for one prepaid Ayurveda Spa service (**excludes Pinda Swedan**) per month for the duration chosen above. All other services listed in the menu will be available at a discount of 15% on regular price. The membership also entitles me to an additional spa service (excludes Pinda Swedan) for the same duration within the same month at the above specified price.
- **Prepaid spa services do not accrue from month to month** \_\_\_\_\_(Initial). As long as I am a member in good standing I may schedule one prepaid spa service per month.
- This membership is non-transferable.
- **A cancellation fee of \$100 for 60 min spa service membership, \$150 for 90 min spa service membership, and \$200 for 120 min spa service membership 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 Pranaa Inc. must be in writing (via fax or email)**. I further understand that I have to return my membership card to Pranaa Inc. in order for me to successfully cancel my membership. \_\_\_\_\_(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.**

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

### Credit Card Automatic Payment Authorization

I hereby authorize Pranaa Inc. to charge my Visa / MasterCard (please 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 Code \_\_\_\_\_

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

Card Holder signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_