



## Wellness Massage Monthly Membership Application

Name \_\_\_\_\_ Member ID \_\_\_\_\_ Date \_\_\_\_\_

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

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

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

Email \_\_\_\_\_

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

- ( ) **60 min Wellness Massage for \$69.00 per month for 6 months**  
( ) **90 min Wellness Massage for \$99.00 per month for 6 months**  
( ) **120 min Wellness Massage for \$139.00 per month for 6 months**

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. \_\_\_\_\_(Initial)
- This membership entitles me for one prepaid massage (Abhyanga, Swedish, Deep Tissue) 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 massage for the same duration within the same month at the above specified price for Abhyanga, Swedish, Deep Tissue massages and 15% discount on regular price for all other services listed in the menu.
- **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.
- This membership is non-transferable.
- **A cancellation fee of \$100 for 60 min massage membership, \$150 for 90 min massage membership, and \$200 for 120 min massage 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 \_\_\_\_\_