



IV Membership Contract

MEMBER INFORMATION

Membership Level: **IV Therapy**

Name _____

Address _____

Phone Number _____ Email _____

IV MEMBERSHIP AGREEMENT & PAYMENT SCHEDULE

____ (Initial) My membership fee of _____ will be due on the **1st** or **15th** (circle one), beginning the month of _____, 20____, and then due on or after the same day each month hereafter until my membership is **canceled with a 30 day advanced notice**.

____ (Initial) I may continue to redeem any accumulated IV treatments as long as my membership is active and paid current. Upon termination or cancellation of my membership, all unredeemed treatments will expire.

____ (Initial) Appointments must be canceled 24 hours in advance or the appointment is considered a used membership treatment.

Your credit card is on file and each month your credit card will be charged for your membership on the same date, determined by your "monthly fee date."

Our membership program includes several benefits. **As part of your membership you will receive any one of the standard offered IV treatments** to be used and redeemed each month (within 30 days after you are charged your membership fee) **as well as special member pricing on all other services provided at Skin Bar MedSpa and 25% off add on ingredients or injections**. Complimentary treatments that are not used in the month will rollover and can be used for 12 months after the charge date. **No more than one rollover complimentary treatment may be used in conjunction with a monthly complimentary visit each month**. Memberships have a month-to-month contract. Pre-paid memberships are paid in full at the time of purchase and will expire at 6, 9, or 12 months after the 1st service is redeemed. Membership is non-refundable and non-transferable. Skin Bar MedSpa membership terms and conditions may be changed at any time; you will be given advanced notice of these changes.

Skin Bar MedSpa Membership Contract

By signing below, I authorize Skin Bar MedSpa to charge the credit card given. Monthly fees will be withdrawn on or after the same day each month. I understand that Skin Bar MedSpa may continue to charge my credit card or cancel my membership in accordance with the terms and conditions in this agreement. Additionally, I authorize Skin Bar MedSpa to charge my credit card on file for products and other services purchased at my request.

Skin Bar MedSpa agrees to sell and I agree to purchase the membership, products and services described herein. I agree to pay Skin Bar MedSpa for membership, products, and services according to the payment schedule stated in this contract. My signature below indicates my agreement to be bound by the terms and conditions of this agreement.

**Please sign to accept the terms and conditions of your membership at Skin Bar MedSpa.
Welcome to softer, smoother skin!!**

Client Name (please print) _____

Client Signature _____

Today's Date _____

Membership draft date _____

Last 4 digits of CC# _____

Skin Bar MedSpa confidential. For internal use only.