



## Massage Rx Membership.

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Monthly Membership Agreement. We are excited to welcome you as a Monthly Member here at the Massage Rx Group! Congratulations on taking this step toward improving your overall health and wellness.

Name \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (C) \_\_\_\_\_

EMAIL \_\_\_\_\_

### MEMBERSHIP TERMS & CONDITIONS:

\_\_\_\_\_(Initial) This membership purchased under this membership are non-transferable to any other person or entity.

\_\_\_\_\_(Initial) For purposes of identification and billing, you agree to provide us with current, accurate, complete and updated information including your name, address, telephone number and applicable payment data. You agree to notify us promptly of any changes.

\_\_\_\_\_(Initial) We reserve the right to revoke membership at any time for misconduct on or off our premises. You will be responsible for payment in full upon revocation of membership.

\_\_\_\_\_(Initial) We reserve the right to change pricing at any time upon reasonable notice. Should prices increase, you have the right to cancel membership without penalty during initial period following cancellation guidelines as described below.

### **CANCELLING YOUR APPOINTMENT:**

\_\_\_\_\_(Initial) You may cancel your appointment without charge if you cancel within 24 hours of your appointment. Cancellations without 24 hour notice may result in a \$35.00 charge for your session, as that time has been set aside specifically for you. No shows may result in a full charge for that session.

### **CANCELLATION OF MEMBERSHIP DURING INITIAL TERM:**

\_\_\_\_\_(Initial) You may cancel this agreement during the initial term of your membership upon the following conditions: Your death or permanent physical disability, or if you move out more than an hour away. Written notice must be given at least 30 days in advance to avoid additional charges to your account.

\_\_\_\_\_(Initial) Contracted membership services will be forfeited at time of cancellation effective date.

### **CANCELLATION OF MEMBERSHIP DURING AUTO RENEW TERM:**

\_\_\_\_\_(Initial) After the initial 12 month term, you may cancel at any time. All cancellations require 30 days written notice or email and are effective within 10 business days after the 30 day notice period. Payments due prior to the effective date will be charged as scheduled.

\_\_\_\_\_(Initial) Pre-paid membership services have no cash value, are non-transferable, and services expire 12 months from date of purchase according to agreed terms. We reserve the right to terminate or deny re-enrollment for an indeterminate amount of time if you have an unsatisfactory payment history.

\_\_\_\_\_(Initial) If through no fault of ours, your payment account does not contain sufficient funds to complete the transaction, or your payment account or credit card does not otherwise permit the transaction to be executed, you will be charged a \$35 insufficient funds fee. We will contact you to update your account with a working payment method.

**I ACKNOWLEDGE RECEIVING AND READING A COMPLETED COPY OF THIS APPLICATION AND AGREEMENT BEFORE SIGNING. I UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS OUTLINED IN THIS AGREEMENT.**

### **Freezing a Membership.**

There may be times when you would like to freeze your membership due to extenuating circumstances, such as extended illness, military leave or temporary relocation.

- When a membership is frozen, a member may not use his/her membership benefits or accrued membership services for the duration of the freeze period.

- A minimum of one membership payment must have been made before a membership is eligible to be frozen.
- You may freeze your membership for a minimum of 30 days and a maximum of half of your original membership term. For example, a member with a twelve month membership term may freeze their membership for up to six months.
- Memberships may be unfrozen at any time at least 30 days after the start of the freeze or will automatically recommence on the pre-determined freeze end date. At the end of the membership freeze term, your dues will continue with your next scheduled electronic funds transfer (EFT) date. Remember that you must be a member for a minimum of 31 days before you may freeze your membership.
- A membership must be unfrozen a minimum of 30 days before it can be frozen again.
- Your membership expiration date will be extended by the amount of time that your membership was frozen.
- Terms, conditions, rules and regulations of the original Membership Agreement continue to apply through the extended membership term. To initiate a freeze, contact clinic management.

**Termination of Membership.**

To cancel this membership prior to the end of the contract, a \$40 termination fee is required. All requests for membership cancellation must be submitted to Massage Rx management at least 10 days in advance. Once we have received and completed your request and \$40 cancellation fee, the next scheduled monthly charge and all those that were to follow, will be cancelled. Membership will be valid until, but not on, the date of the first cancelled payment; after that date, all member benefits, including unused accrued services, will also be cancelled.

**Maintenance Massage Membership.**

**Clinic 60 Min\_\_\_\_\_ \$87 (non Member \$107) 90 Min\_\_\_\_\_ \$127 (non Member \$147)**

**Mobile 60 Min\_\_\_\_\_ \$127 (non Member \$147) 90 Min\_\_\_\_\_ \$167 (non Member \$187)**

**Add Tips Yes  NO  If Yes 15%  18%  20%**

**Membership Benefits:**

- Share your membership with another family member or friends.
- SAVE 20% on additional services each month.
- Member-Only discounts on retail and gift purchases.
- Get free Check and Correct Program.
- Muscle Rub Upgrade (\$15 value)

**CREDIT CARD INFORMATION (Massage Rx is not holding any credit card information)**

Name on card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV code \_\_\_\_\_

Billing Address \_\_\_\_\_

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

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

Massage Rx Therapist \_\_\_\_\_ Date \_\_\_\_\_



