



Bella D'ora Spa Wellness Program

Membership Agreement

Membership ID Number: _____ Today's Date: _____

Member Name: _____

Member Address: _____

MONTHLY MEMBERSHIP DESCRIPTION & PAYMENT SCHEDULE

You have elected to pay your membership:

____ On a monthly basis: Monthly fee \$20 ____ Paid in Full: 12 month total \$200 (includes 2 months free)

Your membership term begins on ____/____/____ and your membership term is complete on ____/____/____.

Your membership dues will be charged today ____/____/____ and on the 1st Tuesday of every month hereafter until your membership is terminated in accordance with this agreement.

____(Initial) Your membership is auto-renewable. Your membership will automatically continue on a monthly basis if on a monthly plan or on a paid in full plan until your membership is cancelled. You may cancel your membership after a one year initial membership period is up by notifying Bella D'ora Spa in writing by the 20th of the month preceding your cancellation month to cancel membership by the 1st Tuesday of the following month, when membership fees are charged.

____(Initial) Once a monthly member cancels his/her Bella D'ora Spa Membership, the monthly member may not rejoin Bella D'ora Spa membership for 12 consecutive months from cancel date.

____(Initial) You may continue to redeem your membership privileges as long as your membership is in effect and payments are current (cannot be used if your membership is frozen or suspended).

____(Initial) You may cancel a scheduled treatment 24 hours prior to scheduled time with no penalty. Canceling with in 24 hours results in an 50% charge of total services booked. A no call, no show results in a 100% charge of total service booked.

____(Initial) Cash, check, or major credit card are the only forms of payment allowed for discounted member services. Absolutely no other form of payments will be allowed, including; promotional gift certificates, SpaWish, SpaFinder, coupons, or combining discounts.

____(Initial) There may be circumstances when you would like to freeze your membership due to extended illness, temporary relocation or military leave. When a membership is frozen, a member may not use his/her membership benefits or payments will resume that same day. You may freeze your membership a minimum of one month up to a maximum of 6 months. Your membership expiration date will be extended by the amount of time that your membership was frozen. Terms, conditions, and rules of the original membership agreement will continue to apply. Your membership must be unfrozen for a minimum of one consecutive year before it may be frozen again.

____(Initial) Memberships are non-refundable, non-transferable and may not be shared. If you decide to cancel your membership prior to the ending date of your contract or at anytime during this contract, you are still responsible for the full remaining balance, including but not limited to charging the full remaining amount in a one-time charge to the credit card on file.

MONTHLY MEMBERSHIP DESCRIPTION & PAYMENT SCHEDULE (PAGE 2)

_____(Initial) It is the responsibility of the member to update/change all credit card information. Expiring credit cards, changing bank accounts, or lost or stolen cards must be updated prior to the following billing cycle. Memberships will be considered delinquent if not updated prior to the 1st Tuesday of the month.

_____(Initial) Membership includes unlimited discounts on the following services: \$59 for a 60 minute La Vita Bella, Prenatal, or Couples massage. \$89 for a 90 minute La Vita Bella or Couples massage. \$75 for a 60 minute Deep Tissue massage. \$110 for a 90 minute Deep Tissue massage. \$65 for a 60 minute Bella Bella Signature, Bellissima, or Fitness Facial. \$95 for a 90 minute Bella Bella Signature, Bellissima or Fitness facial. \$42 for a 30 minute La Vita Bella or Prenatal massage. \$45 for a 30 minute Instant Radiance Facial. Additional benefits include; 10% off retail purchases and double referral points (20 points for each new client.)

By signing below, I authorize Bella D'ora Spa to charge the account I have specified. Monthly fees will be withdrawn on the 1st Tuesday of each month or the 1st business day following. I understand that Bella D'ora Spa may continue to charge my account or cancel my membership in accordance with the Terms and Conditions of this Agreement.

Additionally, I authorize Bella D'ora Spa to charge my credit/debit card on file in lieu of presenting it for any services received, at my request.

CREDIT CARD INFORMATION (PRINT CLEARLY)
CREDIT CARD TYPE: _____
LAST FOUR DIGITS: _____
EXPIRATION DATE: _____
NAME AS IT APPEARS ON THE CARD: _____

YOU ACKNOWLEDGE YOU HAVE READ AND UNDERSTAND THE BELLA D'ORA SPA WELLNESS PROGRAM AND MEMBERSHIP AGREEMENT. YOUR SIGNATURE BELOW INDICATES YOUR AGREEMENT TO BE BOUND BY THE TERMS, CONDITIONS, RULES AND IS A LEGALLY BINDING CONTRACT.

BUYER SIGNATURE _____

BUYER PRINTED NAME _____

DATE _____

If different then above, complete below.

MEMBER SIGNATURE _____

MEMBER PRINTED NAME _____

DATE _____

Accepted by (signature of Bella D'ora Spa employee) _____