



# Bella D'ora Spa Wellness Program Membership Agreement

Membership ID Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Member Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Your membership term begins on \_\_\_/\_\_\_/\_\_\_ and expires on \_\_\_/\_\_\_/\_\_\_ (Valid 365 days)

\_\_\_\_(initial) Once a member cancels his/her Bella D'ora Spa Wellness program, the member may not rejoin Bella D'ora Spa's Wellness Program for 12 consecutive months from cancel date.

\_\_\_\_(initial) You may continue to redeem your privileges as long as your membership is active and paid in full.

\_\_\_\_(initial) You may cancel or reschedule a treatment 24 hours prior to the scheduled time with no penalty. Canceling or rescheduling within 24 hours results in a 50% charge of the total services booked. A no call, no show results in a 100% charge of the total services 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) Memberships are non-refundable, non-transferable and may not be shared. No exceptions.

\_\_\_\_(initial) Membership includes unlimited discounts on the following services: 30,60, & 90 min Organic Detox, 30,60, & 90 min Essential Custom, 60 or 90 Intraceuticals Oxygen, ( add on booster and or atoxelene) 30,45, & 75 min 60 min Dermaplaning, 60 min Holy Sheet Mask, 60 min Fire and Ice, 30 min Microdermabrasion. 30, 60, & 90 min Signature Custom, (Add on 15 min Custom ) 30, 60, &90 min Restorative, (Add on 15 min Restorative) 75 min Muscle Relaxing Herbal, 30 min Reflexology, 75 min Cielo Dolce. 10% off body treatments and \$30 shampoo style

By signing below, I authorize Bella D'ora Spa to charge the account I have specified. I understand that Bella Dora spa may continue to charge my account or cancel my membership in accordance with the Terms and conditions of the 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.

**YOU ACKNOWLEDGE YOU HAVE READ AND UNDERSTAND THE BELLA DORA 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) \_\_\_\_\_