



MESSAGE CLUB MEMBERSHIP APPLICATION & CONTRACT

Please fill out this form COMPLETELY.

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name Middle Initial Last Name

Billing Address City State ZIP CODE

Email Address Billing Phone Number

VISA | MASTERCARD | AMEX | DISCOVER

Four sets of empty boxes for credit card information

Credit Card Expiration Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

Membership Type:

- 6 x 60 min. Messages in 6 months - receive \$10 off each massage (\$70 per massage)
12 x 60 min. Messages in 12 months - receive \$20 off each massage (\$60 per massage)
12 x 90 min. Messages in 12 months - receive \$20 off each massage (\$90 per massage)

Under this agreement, I commit to buy the membership type selected above, to be paid once a month on the 15th of each month, starting on the date indicated above (Start Date).

I further understand that I agree to receive one massage per month. If I am unable to schedule at least one massage in any given month, I agree to schedule no later than two months after the date of payment for that month.

Club Membership Term

This membership has a minimum term established above under "Membership Type". Your account will be billed for a minimum of 6 or 12 months.

Cancelation Policy

In order to cancel your club membership, you need to email contact@republicofwellness.com or call 617-481-1280 expressing your wish. You MAY CANCEL your membership prior to the contract expiration date, but you will be responsible for paying the full price of all massages you previously received under this contract discounted price plus an \$80 Buy Out fee.

Billing Issues

A \$10 service fee will be applied for each month your monthly dues payment is returned uncollectible including, but not limited to, non-sufficient funds, expired credit cards, cancelled credit cards, overdrafts and closed accounts.

Appointment Policies

If there is a need to cancel an appointment, we ask for 24 hours notice. If you provide less than 24 hours notice, you will be charged the full amount as we have committed to serve you during this time.

Cancellation & Billing Policies: I have read and understood the cancellation rights and billing policies on the front and back (if applicable, put your initials) of this agreement.

By initialing below and signing this agreement, I authorize Juliana Pires, DBA Republic of Wellness or its assigns or affiliated companies to charge, or to initiate transfers from, the account designated above for the purpose of making the recurring monthly payments I owe to Republic of Wellness on the date specified in this agreement until all my obligations are paid under this agreement or until my membership is terminated or cancelled.

Client Signature

Date