



## Monthly Membership Plan

# Hydrafacial®

**\*ALL NEW MEMBERSHIPS TAKE INTO EFFECT ON THE FIRST OF MONTH\***

- A valid ID and credit card are required to enroll in a Qi Massage and Natural Healing Spa monthly membership.
- Membership contracts are month-to-month agreements and will auto-renew every month with your signed consent.
- Membership dues will be charged to your credit card on the first (1st) day of every month, which gives you the selected 45 minute Deluxe Hydrafacial Service for that month.
- Appointments at Qi Massage and Natural Healing Spa are made on a first-come-first-serve basis. You are responsible for scheduling your monthly spa service(s) in advance to ensure that you receive your preferred date, time and service provider.
- Per our Cancellation Policy, please provide 24 hours' notice of appointment cancellation to avoid being charged a No-Show Fee or Same Day Cancellation Fee of 50% Service Total.
- Spa membership dues do not include gratuities.
- Gift memberships may be purchased at any time. Ask a Qi Massage and Natural Healing Spa front desk associate for details.
- Monthly memberships may not be used in combination with any other promotional offers or packages, discount coupons or gift certificates or transferred to another client.
- To cancel your membership, please provide Qi Massage and Natural Healing Spa a 30-day written notice.
- Qi Massage and Natural Healing Spa reserve the right to cancel any membership at any time.
- Qi Massage and Natural Healing Spa reserve the right to adjust membership pricing or membership services with a 30-day written notice.
- Monthly Membership Plan selected:

☐ 60 min Platinum Hydrafacial  
for \$258/month (*Retail rate \$325*)

☐ I have read and fully understand the terms and conditions regarding Qi Massage and Natural Healing Spa Monthly Memberships.

### CREDIT CARD INFORMATION (PRINT CLEARLY) CREDIT CARD

TYPE: \_\_\_\_\_  
CARD NUMBER: \_\_\_\_\_  
THREE DIGIT SECURITY CODE: \_\_\_\_\_  
EXPIRATION DATE: \_\_\_\_\_  
NAME AS IT APPEARS ON THE CARD: \_\_\_\_\_  
NAME (Please print clearly): \_\_\_\_\_  
BILLING ZIP CODE FOR CARD: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_