Monthly Membership Hydrafacial Plan

ALL NEW MEMBERSHIPS TAKE INTO EFFECT ON THE FIRST OF THE NEXT MONTH

- A credit card is required to enroll in 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. Any additional add-ons are 50% off the regular price for all members.
- Appointments 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 Call-No Show Fee of 100% or Same Day Cancellation/ Rescheduling Fee of 50% Service Total.
- Spa membership dues do not include gratuity.
- If you do not use your membership one month it automatically rolls over to the next month, and your points will never expire.
- Monthly memberships may not be combined with any other promotional offers, packages, discount coupons, or gift cards. Memberships are non-transferable and may not be shared with another client.
- Qi Massage and natural healing spa reserve the right to cancel any membership at any time.
- Members need to book by phone or in person, NOT ONLINE, to get those membership prices.
- Qi Massage and natural healing spa reserve the right to adjust membership pricing or membership services with a 30-day written notice.
- You may cancel your membership at any time! If you Cancel your membership within a 6 month period of signing up, you are not eligible to re sign up.

Monthly Membership Plan selected:

☐ 60 minute Platinum Hydrafacial for $268/ month (Retail rate is $325.)

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

CREDIT CARD INFORMATION (PRINT CLEARLY):

TYPE:_____

CARD NUMBER:_____

THREE DIGHT SECURITY CODE:_____

EXPIRATION DATE:_____

NAME AS IT APPEARS ON THE CARD:_____

BILLING ADDRESS:_____

PHONE NUMBER:_____

SIGNATURE:_____ **DATE:**_____