STEPABOVE MASSAGE

804 Salem Woods Dr. suite 204, Raleigh, NC,27615
1890 S Main Street suite 100, Wake Forest 27587

Monthly Membership Agreement

Member Name: _____
Membership #: _____
Phone: _____

Therapist name:

Membership Benefits:

- **Enjoy one 60 Minute session per month (for $75 instead of $90).**
- **Share your membership with another family member (one session every 6 months).**
- **SAVE 25% on additional treatments.**
- **Members get discounts on additional massage Modalities (Prenatal, Lymphatic Drainage, etc)**
- **Roll-over unused sessions to next month.**
- **Any price increase will not affect current members for up to a year .**
- **Any additional 60 minutes session to your monthly session is $65**

Membership Terms & Payment Schedule

Effective Date/Date of First Payment:

☐ **$ 75 per month, the agreement is month to month**

Your membership payment of $ 75 will be due on the of each month, then due on or after the same day of each month hereafter until your membership expires or is terminated in accordance with this agreement.

These membership sessions can be used anytime as long as the membership is current and active.

Member Signature_____ Date _____

Member Printed Name _____

How It Works

- Your monthly membership price will be automatically drafted from your debit or credit card each month, entitling you to a single “Any 60 Minute Session” of your choice each month, on or after your scheduled payment date.
- You may also share these accrued sessions with one additional member of your household**(one session every 6 months)**.
- If you do not use your session for that month, it will simply roll-over into next month.
- The membership monthly fee is specified on the application above. As long as your membership monthly payment is made you will be considered an active member in good standing.

You have the right to receive a notice in the event that we make any change to the terms and conditions of your membership that will vary the amount to be periodically billed to your account specified above. Except as expressly provided herein, we may modify our services or the terms and conditions of this Agreement at any time without notice and such modifications shall be deemed effective immediately upon making such changes.

MEMBERSHIP TERMS & CONDITIONS:

_____***(Initial)*** This membership and services purchased under this membership are non-transferable to any other person or entity.
_____***(Initial)*** For purposes of identification and billing, you agree to provide us with current, accurate, complete and updated information including your name, address, telephone number and applicable payment data. You agree to notify us promptly of any changes.
_____***(Initial)*** We reserve the right to revoke membership at any time for misconduct on our premises.

CANCELING YOUR APPOINTMENT:

_____***(Initial)*** You may cancel your appointment without charge if you cancel within 24 hours of your appointment. Cancellations without 24 hour notice ***may result in a $29.00 charge*** for your session, as that time has been set aside specifically for you. ***No shows may result in a $37.50 charge for that session.***

CANCELLATION OF MEMBERSHIP:

You may cancel at any time. All cancellations require 30 days written notice by filling the cancellation Form in our facilities. Payments due prior to the effective date will be charged as scheduled. All rolled-over sessions should be used by membership expiration date.

Combined Package, Promotion, & Discount Policies

In general, packages and gift specials are already discounted and may not be combined with other discounts, packages, promotions, or other special offers. Should other current promotional discounts or offers turn out to be a better deal, we happily do our best to ensure your satisfaction.

I ACKNOWLEDGE RECEIVING AND READING A COMPLETED COPY OF THIS APPLICATION AND AGREEMENT BEFORE SIGNING. I UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS OUTLINED IN THIS AGREEMENT.

Member Signature_____ Date _____

Member Printed Name _____

Credit Card Information

Name as it appears on the card:

Credit Card Number:

Expiration Date: CVV Code: Billing Zip Code:

By signing below, I authorize Step Above Massage to Charge the account I have specifieds on this agreement.

Member Signature_____ Date _____

Member Printed Name _____