

**The Med Spa**  
**@**  
**Lori Scott Family Care**

**Individual Membership Agreement**

This membership agreement between The Med Spa @ Lori Scott Family Care and \_\_\_\_\_(member name) shall be effective on the date of \_\_\_\_/\_\_\_\_/\_\_\_\_. Monthly payments for this membership will occur in the amount of \$99.00. Benefits will become available after the above billing date each month. You are agreeing to a 1 year membership with The Med Spa @ Lori Scott Family Care.

**Membership Includes**

One of our treatments monthly as listed on the attached schedule with the exception of the Lumislim Laser Lipo. Because best results with this treatment are achieved with 2 treatments per week over a 4 week period (eight treatments), a member may select this option two times a year if so desired.

Should a member desire additional treatments over what is offered monthly, they are available at a member's price of \$59.00 per treatment.

Should a member not be able to have a treatment in any given month, the treatment may be rolled over into the following month.

Should a member desire to cancel the membership prior to the one year anniversary date he/she agrees to pay a lump sum equal to 50% of the remaining monthly payments. This requirement may be waived (at the discretion of The Med Spa) if the member can demonstrate that to continue as a member would create a hardship.

After the one year period, membership shall continue on a month to month basis until cancelled by the member in writing (email is acceptable).

Should a member experience a hardship and need to freeze the membership, a 3 month freeze will be allowed once during the initial 12 month period.

This agreement is personal to the member and may not be assigned, transferred or otherwise disposed of by the member.

Applicants for membership must be at least 18 yrs old.

Memberships may be purchased as a gift for a third party as long as the member to be is at least 18 yrs old.

**Automatic Payment Agreement**

Monthly membership payments shall be made in advance by direct debit from the member's designated credit/debit account. This information will be kept on file by The Med Spa @ Lori Scott Family Care.

This information is kept secure at Lori Scott Family Care and is shared with no one.

The Med Spa @ Lori Scott Family Care reserves the right to review memberships periodically. Members will be given at least 30 days notice in writing of any changes, which include: (i) any increase in membership fee, (ii) change in date of automatic withdrawal.

Should a member wish to cancel membership due to a price increase, the member should notify The Med Spa well in advance of the next scheduled membership payment.

**Terms and Conditions**

The Med Spa @ Lori Scott Family Care reserves the right to vary, add or eliminate any of the particular services provided members from time to time.

The Med Spa @ Lori Scott Family Care reserves the right to set aside facilities for social events or activities.

The Med Spa @ Lori Scott Family Care reserves the right to close or modify facility hours with or without notice.

**I hereby agree to the Membership Agreement as stated above.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Credit Card Authorization**

Type of Card \_\_\_\_\_

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_

CVV code (three digits on back of card) \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

I agree to receive periodic emails notifying me of changes to services offered, hours of operation, etc., or special promotions that may be offered.

I hereby authorize The Med Spa @ Lori Scott Family Care to charge my card above per the terms of this membership agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date