

# MONTHLY MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

<b>MASSAGE</b>	<b>FACIAL REJUVENATION</b>	<b>ULTRASONIC CAVITATION ONLY</b>
<b>\$29.99</b>	<b>\$45</b>	<b>\$65</b>

Name:

Date of birth:	Email	Phone:

Current address:

City:	State:	ZIP Code:

### EMERGENCY CONTACT

Name of a relative not residing with you:

Address:	Phone:
City:	State:
Relationship:	

### INFORMATION IF "JOINT" MEMBERSHIP

Name:	Relationship:
Date of birth:	Email:

### CREDIT CARD INFORMATION

Credit Card Name	Credit Card #	Expiration Date
CV Code (back of card)	Visa   Master Card   Other	Zip Code
Start Date	End Date	Other

### SIGNATURES

**PLEASE READ:**

I authorize the verification of the information provided on this form and monthly deduction for the membership fee. Decline cards will result in cancelation of the membership. Membership may be restore by paying the balance/any fees due. No show/No call may result in redemption of the monthly service. 24hr notice to reschedule or cancel appointment is needed. Membership pays for one service a month. The one monthly service may be use by the "joint" member named on the form only (on Massage service only). Additional services (Massage/Facial) may be purchase at the membership price. Membership must only be use by the persons named on this application. All additional services must be paid in full. Any changes must be done in writing. Email info: [iracemaalvarado@gmail.com](mailto:iracemaalvarado@gmail.com) 909-644-8831 Iracema Carvajal.

I have read and agreed to the terms. I have received a copy of this application.

**Please check all that apply:**

- New member    · Renewal    · Change in Email/Phone/Address

Signature of applicant:	Date:
MT Signature	Date: