



Wellness Club Monthly Membership Application

Name _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Email _____ Phone _____ Mobile Home Work (circle one)

Please enroll me in (Please check the chosen option)

Wellness Club for \$115 per month Wellness Club Plus for \$220 per month

I understand and agree with the following terms and conditions of this membership:

- The membership monthly fee is specified above. As long as I am enrolled in this membership, this fee will be charged automatically to my credit card within the first five days of each calendar month. As long as my membership is paid in full I will be considered a member in good standing.
- **I am required to be a member in good standing for a period of no less than 6 consecutive calendar months** from the day my membership takes effect. _____ **(Initial)**
- As long as I am a member in good standing, I may schedule my prepaid session(s) each month.
- This membership is not transferable.
- The Wellness Club entitles me for one prepaid regular session with Linda Bohara per calendar month. The Wellness Club Plus entitles me for two prepaid regular sessions with Linda Bohara per calendar month. Any additional regular sessions during the same calendar month will be charged at \$120 per session.
- **An unused prepaid session(s) during any calendar month will carry over to the next calendar month only one time. If the unused session(s) are not used after carrying over one calendar month, the session will no longer accrue to the following calendar month. Any sessions that are carried over must be redeemed after the prepaid session(s) are redeemed during a calendar month.** _____ **(Initial)**
- To cancel this monthly automatic charge, I must provide written notice of cancellation to Linda Bohara at least 7 days prior to the first day of the month in which I wish my membership to be discontinued. **A cancellation fee of \$100 will be charged if I choose to terminate this contract prior to the term of 6 months.** _____ **(Initial)**
- Regular fees for late cancellation and failure to arrive for an appointment apply to this membership, in addition to the monthly membership fee.

Month and Year of First Month of Membership: Month _____ Year 20____

Member Name Printed _____

Member Signature _____ Date _____

Credit Card Automatic Payment Authorization

I hereby authorize Linda Bohara to charge my Visa/MasterCard (please circle one) within the first five days of each month in the amount specified above for the membership I have signed up to. My credit card information is:

Credit Card Number _____ Exp. Date _____

Billing Address _____ City _____ State _____ Zip _____

I agree to pay the above credit card charges in accordance with the Card Issuer Agreement.

Card Holder Signature _____ Date _____

Witness Signature _____ Date _____