

Medical Spa Concierge Membership Form

Today's Date: _____

Client Information

Last Name: _____ First: _____ MI: _____

Email Address: _____

Phone Number: _____

☐ Membership is intended for me (listed above)

☐ Membership is intended for: _____ Relationship: _____

Authorization of Automatic Payments (ACH Debits)

Monthly Service Charge Begins: _____ 01, 20_____ Membership Ends: _____

I authorize WellQuest to initiate a monthly charge in the amount of _____ for the first of every month toward the debit account listed below.

I understand that the WellQuest Concierge Membership is a (12) month membership. Product and service discounts do not apply to daily/monthly specials. Services do not roll over to the next month.

I hereby authorize WellQuest Medical & Wellness to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below.

Cardholder Name: _____ Card Type: _____

Credit / Debit Card Number: _____ Exp Date: _____ V-Code: _____

Membership Type

- ☐ **Massage - \$80.00/mo** - 60 Minute Therapeutic Massage, 20 Minute Sauna or Scrub Add-On, Annual 60 Minute Teeth Whitening, Quarterly Skinprint, 5% off Retail, and Priority Booking
- ☐ **Massage Plus - \$100.00/mo** - 90 Minute Therapeutic Massage, 20 Minute Sauna or Scrub Add-On, Annual 60 Minute Teeth Whitening, Quarterly Skinprint, 10% off Retail, and Priority Booking
- ☐ **Refining Facial - \$90.00/mo** - Custom Refining Facial, Complimentary Wax, Annual 60 Minute Teeth Whitening, Quarterly Skinprint, 5% off Retail, and Priority Booking
- ☐ **Preventive Facial - \$180.00/mo** - DermaSweep w/ Custom Epi Infusion, Complimentary Wax, Annual 60 Minute Teeth Whitening, Quarterly Skinprint, 10% off Retail, and Priority Booking
- ☐ **WellQuest Platinum - \$250.00/mo** - DermaSweep w/ Custom Epi Infusion, Complimentary Wax, 90 Minute Therapeutic Massage, 20 Minute Sauna or Scrub Add-On, Annual 60 Minute Teeth Whitening, Quarterly Skinprint, 15% off Retail, and Priority Booking

Membership Acknowledgement

This authority is to remain in full force and effect until WellQuest has received written notification, from me, of it's termination in such time and manner to afford WellQuest a reasonable opportunity to act on it. **Cancellation of Concierge Memberships must be received in writing. Assuming a cancelation is desired, a fee of \$250.00 or remainder of outstanding contract amount is due, whichever is the less.**

Client Name: _____ Employee: _____

(Please Print)

Client Signature: _____ Date: _____

