



Seguin Wellness Med Spa Membership Agreement

This membership agreement (“Agreement”) is created on _____, _____ (the “Start Date”), by and between Seguin Wellness & Spa PLLC, located at 920 W Court St, Suite 200, Seguin, Tx, (the “Company”), and _____, (the “Member”).

Payments

Payments will be debited to your card on file the first of every month. If your credit card is declined when automatic processing takes place, you will be assessed a non-refundable \$35 insufficient funds charge.

Cancellation

We require a 24-hour notice to cancel and/or to reschedule your appointment. Failure to do so will result in losing your scheduled club service benefit for that month. Cancellation of membership must be in writing to cancel your membership.

Here is how the membership works:

1. **Choose a Membership Type.** Based on the membership you choose, you will receive your choice of membership service(s). You may book any additional service at the additional discounted rate based on membership level below. All additional services will be charged at the time of checkout.
2. **Fill out the Authorization Form.** This will allow us to set up your spa membership account. You will be debited for that service the first day of every month.
3. **Upgrades.** You may upgrade your membership at any time. If you wish to change your Spa Membership service you may do so by filling out a “Spa Membership Change Request Form” one time throughout your membership term.

Spa Memberships	
Daisy Membership- \$99	Lily Membership- \$199
<ul style="list-style-type: none"> ● Perks: <ul style="list-style-type: none"> ○ VIP Annual Events ○ Memberships Discounts: 10% off Neurotoxins, Fillers Laser hair removal, Dermafrac Facial, Secret Duo, Secret RF Microneedling, Chemical peels, Facials, IV Therapy, BBL, Moxi, SkinBetter & ZO Skincare product. ● Choose One Per Month: <ul style="list-style-type: none"> ○ Chemical Peels- (Face, Neck, Chest) ○ Laser hair removal 1 Small Area- (1-2 Spots, Knuckles, Sideburns, lip, ears, Chin, areolas, underarms) ○ Dermaplaning ○ Microdermabrasion ○ Vitamin injections: B12/MIC Lipo /B Complex 	<ul style="list-style-type: none"> ● Perks: <ul style="list-style-type: none"> ○ VIP Annual Events ○ Memberships Discounts: 15% off Neurotoxins, Fillers Laser hair removal, Dermafrac Facial, Secret Duo, Secret RF Microneedling, Chemical peels, Facials, IV Therapy, BBL, Moxi, SkinBetter & ZO Skincare product. ● Choose Two Per Month: <ul style="list-style-type: none"> ○ Hydration Facial ○ Dermaplaning ○ Microdermabrasion ○ Chemical Peels- (Face, Neck, Chest) ○ Laser hair removal 2 Small Areas- (1-2 Spots, Knuckles, Sideburns, lip, ears, Chin, areolas, underarms) ○ Up to 2 Vitamin Injections- B12/MIC Lipo / B Complex
Hydrangea Membership- \$299	
<ul style="list-style-type: none"> ● Perks: <ul style="list-style-type: none"> ○ VIP Annual Events, ○ Memberships Discounts 20% off Neurotoxins, Fillers Laser hair removal, Dermafrac Facial, Secret Duo, Secret RF Microneedling, Chemical peels, Facials, IV Therapy, BBL, Moxi, SkinBetter & ZO Skincare product Free Weight Loss Consult ● Choose Three Per Month: <ul style="list-style-type: none"> ○ Hydration Facial ○ Dermaplaning ○ Microdermabrasion ○ 10 units of Xeomin ○ Chemical Peels- (Face, Neck, Chest) ○ Laser hair removal 2 small areas (1-2 Spots, Knuckles, Sideburns, lip, ears, Chin, areolas, underarms) OR 1 medium area- (half face, bikini, under arms, small of back, back of neck, chin extended, linea alba, buttocks, half leg, half arm) ○ IV Vitamin Infusion ○ Up to 2 Vitamin Injections: B12 /MIC Lipo / B Complex 	

***** Cannot redeem same free service multiple times in the same calendar month**

Agreement

I (Print name) _____ agree to pay Seguin Wellness & Spa PLLC the amount of the membership I've chosen per month. My credit card will be charged on or about the first of every month for that month's service. Payments will continue until the membership is canceled as described.

Rights & Responsibilities

Initial below:

_____ I authorize Seguin Wellness & Spa PLLC to enroll me in the Spa Membership Program.

_____ I understand that the Seguin Wellness & Spa PLLC will automatically charge my credit card on the first day of each month and authorize them to keep my credit card on file.

_____ If I do not schedule and redeem my service during any particular month, I understand that I forfeit that month's service. No refunds or credits will be issued for missed and/or late appointments.

_____ I understand that I cannot redeem the same free service multiple times in the same calendar month. I can pick different free services each month.

_____ At the end of my 12-month membership commitment, my month-to-month membership can be canceled by turning in a "Spa Membership Request to Cancel" form at least 30 days prior to the next billing date.

_____ I understand that I cannot downgrade or cancel my membership during the 12-month commitment period. If for any reason I do need to cancel before the 12-month commitment period is up, I may do so by filling out a "Spa Member Request to Cancel Form" at least 30 days prior to the next bill cycle and paying a \$150 cancellation fee.

_____ I can upgrade my membership to a higher level at any time. I can change my membership to a different membership of greater value, once during my 12-month commitment period.

_____ I understand that I am able to leave without checking out for my service. If I choose to do this, I understand that any services or products will be charged to the credit card on file.

_____ As a Spa Member, I will not have to fill out consent forms each visit. I will inform the aesthetician and/or physician verbally if any new physical or health changes that may have occurred since my last visit prior to initiating my new service.

_____ I understand that by signing this document, I agree to the terms and conditions of all pages of this agreement. Services will be reserved upon receiving the completed, signed and dated agreement and payment made.

Membership Choice:

_____ **Daisy Membership** _____ **Lily Membership** _____ **Hydrangea Membership**

Total Amount to be charged monthly: \$_____ Membership Start Date_____

Member Full Name_____ Date of Birth_____

Email Address_____ Phone_____

Card Information

Credit Card Number_____

Expiration Date_____ CVV Code_____

Credit Card Billing Street Address_____

City/State/Zip_____

Member Signature_____ Date_____

FOR OFFICE USE ONLY

\$_____ **Amount Due**

_____ **Signature of Spa Coordinator accepting request.**

_____ **Date**