

Monthly Membership

A convenient, affordable way to reach your health goals through regular self-care.

CHOOSE 4 SERVICES PER MONTH

7 Minute Light Lipo	Muse Meditation
Photo Facial	Mindful Worship
Auriculotherapy	Fitness Training
Salt Sauna	30 Min. EFT
Detox Foot Bath	Tokens of Faith
Jade Vitality	Paint Night
Jiggle Club	Ear Candling
Neuropathy Pain Management	
Bach Flower Consultation & Remedy	

1 MONTH - \$100

with 3 month commitment

3 MONTHS - \$300

6 MONTHS - \$600

Complementary Flower Remedy
when paid with cash or check

9 MONTHS - \$900

12 MONTHS - \$1200

Complementary 60 Minute Assessment
or 60 Minute EFT when paid with cash or check

Congratulations!

You're investing in your health and wholeness with a membership plan that provides regular access to services and therapies that will positively impact your sense of wellbeing. We celebrate your effort to choose an affordable plan that will allow us to assist you as you reach your health goals.

Each month, you may choose 4 services or therapies (listed here, as well as updated regularly in our Menu of Services catalog) to meet your needs. You may choose to have the same service 4 times in a month or try multiple services. You may book all 4 appointments for one office visit a month or spread them out throughout the month.

Initial your preferred choice:

___ \$100/Month pay as you go

Minimum 3-month commitment. Must pay in full or via Square invoice and consent to monthly withdrawals. Membership cancellation must be submitted in writing by the ___ day of the month. Cancellations in less than 90 days will be subject to a \$25 cancellation fee.

___ \$300 / 3 Month – Cash / Card / Check # _____

___ \$600 / 6 Months – Cash / Card / Check # _____

___ \$900 / 9 Months – Cash / Card / Check # _____

___ \$1200 / 12 Months – Cash / Card / Check # _____

3/6/9/12 Must pay in full or via Square invoice and consent to monthly withdrawals if not paid in full. Membership cancellation must be submitted in writing by the ___ day of the month. Cancellations in less than 90 days will be subject to a \$25 cancellation fee.

Each month participants earns a \$5 Edmond Wellness credit.

Card Number: _____

Exp. Date: ___/___ CVV: _____

Signature: _____

The Details:

1. Monthly Membership clients who choose the 1 month / \$100 option are agreeing to a monthly charge of \$100 for a minimum of 3 months. Clients must submit their wish to cancel in writing 3 business days prior to the next billing date to cancel services. Canceling in less than 90 days will result in a one-time \$25 cancelation fee which will be billed using the method of payment on file.
2. We require 24-hour notice of appointment cancelation or rescheduling. No-shows will not be rescheduled or refunded. If your schedule prevents reliability, please call the office on the day you wish to be seen to check for availability as a walk-in.
3. Services do not roll-over from month to month. Any unused services each month will expire when the new month begins.
4. Light Lipo will receive basic weight only at each session. Measurements, smart scale and diet suggestions will be provided every 6th session.
5. You may book all 4 services the same day or spread them out over the month. You may choose 4 of the same service or mix and match services to your liking.
6. Services and membership are non-transferable and may not be shared.
7. Partial refunds will be considered on a pro-rated basis for the 6, 9 and 12-month options with written notice. Refunds will be subject to a one-time \$25 cancelation fee.
8. You must RSVP for the Paint Night and Tokens of Faith events 1 week before the event to reserve your seat. This event information will be posted on our monthly calendar as well as our webpage on the first business day of each month. You may also call, text or email us for details.
9. Our salt sauna and salt cabin seat 2 adults comfortably. However, adult guests of monthly membership clients will be charged \$10 to join their loved one in the sauna or cabin. Children under the age of 13 may join a parent in the salt cabin free of charge.

Signature:

Printed Name:

Date:

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