LYMPH IN MOTION BY CRISELDA WHITE LLC - MEMBERSHIP CONTRACT

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MEMBERSHIP AGREEMENT

This Membership Contract is made between the undersigned Member and Lymph in Motion by Criselda White LLC, effective on the date of signature. By signing this agreement, the Member agrees to commit to a 12-month membership with the benefits and terms outlined below.

MEMBERSHIP BENEFITS

A. 60-Minute Session Plan

- Complimentary Session: First 60-minute session each month is included at no additional cost.
- Subsequent Sessions: $75 each ($30-$50 discount off regular price).
- Enhancement Discounts: 20% off Red Light Therapy, Hot Stone Therapy, Percussion Add-On, and other enhancements.

Member Initial: _____

B. 90-Minute Session Plan

- Complimentary Session: One 90-minute session included each month.
- Subsequent Sessions: $100 each ($80 off regular rate).
- Free 1 Red Light Therapy per month
- Enhancement Discounts: 20% off Red Light Therapy, Hot Stone Therapy, Percussion Add-On, and other enhancements.

Member Initial: _____

TERMS & CONDITIONS

1. 12-Month Commitment

By joining, you agree to a 12-month membership. Early cancellation may be subject to a fee or forfeiture of unused credits.

Member Initial: _____

2. Rollover Policy

Unused monthly session credits will roll over for up to 3 months.

Example: A credit earned on June 1st must be used by September 1st. Credits older than 3 months will be forfeited and cannot be refunded.

Member Initial: _____

3. Cancellation Policy

Appointments must be canceled at least 24 hours in advance.

- Cancellations made less than 24 hours prior will result in a 100% session charge, which may be applied to a rescheduled appointment within the same week.

Member Initial: _____

4. Referral Program

Members may refer friends and family to Lymph in Motion by Criselda White LLC.

- Referred individuals may enjoy the same discounted rates as the referring member.
- A token of appreciation will be offered for your referral.

Member Initial: _____

ACKNOWLEDGMENT AND CONSENT

I, the undersigned, confirm that I have read, understand, and agree to the above terms of this Lymph in Motion by Criselda White LLC Membership Contract. I understand that this is a binding 12-month agreement between myself and Lymph in Motion by Criselda White LLC. I accept the terms regarding rollover policy, cancellation rules, and session benefits.

I agree to keep my membership in good standing and understand that all benefits, including pricing and discounts, apply only during the term of this agreement.

Member Name (Print): _____

Phone Number: _____

Email Address: _____

Signature: _____

Date: _____

LYMPH IN MOTION REPRESENTATIVE

Representative Name (Print): _____

Signature: _____

Date: _____