

**Your Monthly Massage Membership at Maplebrook Chiropractic Includes:**

- ✓ No Enrollment Fee!
- ✓ A single **one-hour customized massage** from a professional massage therapist.
- ✓ Automatic Rollover: We allow you to **rollover your unused massage** to the next month. We do this automatically and hold that unused massage for up to 30 days.
- ✓ Free Massages: If you refer-a-friend and they become a member, you'll receive a **FREE ½ HOUR UPGRADE** for each friend you refer once they join the membership plan.
- ✓ Authorized to Relax: You may **authorize one person** in your family to take advantage of your unused massages, or book a massage for themselves at the low membership rate. That family member must remain constant throughout your membership plan and cannot change.
- ✓ **No Fee To Cancel:** Simply let us know with a 30 days notice that you'd like to cancel your membership. No fuss and no explanation needed. Any unused massages must be used before cancellation.
- ✓ Save Money, Get Perks: Receive a **FREE One-Hour Massage for your 1 Year Membership Anniversary**, among other perks, discounts, and specials.

**Maplebrook Chiropractic Massage Membership Plan Details:**

- All memberships are based on monthly automatic and pre-authorized charge to your credit/debit card. Please keep your credit/debit card information updated with us at all times. Declined transactions will lead to the cancelling of your membership plan, without refund.
- All massages are to be used within 30 days of the debit date. No cash or credit refunds for unused services.
- All massages are non-transferable and are based on availability and hours. Please call or book online to see a complete schedule.
- Massages are for maintenance care and cannot be used for treatment of symptoms as the result of an auto accident, work injury, or any other acute injury.
- You may purchase additional massages during the month at the same discounted membership rate.
- All massage sessions are 60 minutes; however, that includes time to un-dress and dress as well as a brief consultation with your massage therapist.
- You may cancel/change a massage appointment at any time without a charge as long as you give Maplebrook Chiropractic a 24 hour notice of cancellation/change. Appointments not cancelled within 24 hours will be charged for the service. Emergencies will be handled on a case-by-case basis, with Maplebrook Chiropractic having sole discretion. If you do not call to cancel or do not show up for your massage you automatically forfeit your massage for that month.
- Your membership is set up month-to-month and auto renews until you cancel.
- If you chose to cancel your membership, you must do so in writing and this must be done at least 30 days prior to your next billing cycle.
- Maplebrook Chiropractic reserves the right to cancel or change your membership at any time, without notice.
- Maplebrook Chiropractic only hires professional massage therapists who comply with state licensing and regulations. It is your responsibility to inform your massage therapist of any pre-existing medical conditions, limitations, or specific sensitivities -- as well as during your massage, immediately report any discomfort you may experience.

[ ] Monthly Plan: \$54.00 Per Month: Your membership will begin on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
 Your monthly membership will be billed on or after the 1<sup>st</sup> of each month, and will auto renew until your membership is cancelled.

[ ] Authorized Family Member (Print Only One Name / Cannot Change): \_\_\_\_\_

**Today's Date:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
PLEASE PRINT

**Address:** \_\_\_\_\_  
STREET CITY STATE ZIP

**Credit Card Type (Circle One):** MasterCard Visa American Express Discover **Expiration Date:** \_\_\_\_\_ **CSV Code:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

*I have read the above stipulations of my membership and will abide by all parts of above plan. I am at least 18 years of age and have no medical condition that would prevent me from receiving services. I agree to have Maplebrook Chiropractic charge my credit/debit card each month for the membership plan rate, as described by the above policies which I have received a copy of and fully understand.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_