

# Membership Form



Perfected Beauty LLC

**Client Name:** .....

**Membership:** .....

**Email:** .....

**Phone:** ..... **Payment Day:** .....

**Start Date:** ..... **End Date:** .....

**Monthly Fee:** ..... **Birthday:** .....

## *Agreement*

By signing below I agree to the following terms of the membership:

- No refunds. Payment in the amount of \_\_\_\_\_ will be deducted each month on the \_\_\_\_\_ per my request.
- There is a minimum of 3 months required to access membership pricing and benefits.
- A valid payment card will be on file to process recurring payments for my membership. If payment declines, regular non-member rate will be due at scheduled appointment unless payment card is updated. If card is not updated within the month that card declines, membership will be cancelled and non-member rates will be charged.
- Only 1 rollover treatment is allowed per calendar year.

## *Method of cancellation*

In the event that you need to cancel your membership, written notification via email to info@perfectednc.com is required a minimum of 3 business days before your next recurring payment is drafted.

## *Thank you for Registration*

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Client

Date