

**Absolute Therapy
Massage & Float Center**
1147 Opelika Road, Suite A
Auburn, AL 36830

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www.auburnopelikamassage.com

ABSOLUTE THERAPY MASSAGE AND FLOAT CENTER MEMBERSHIP AGREEMENT		
PERSONAL INFORMATION		
Name:		
Email:		
Date of birth:	Phone1:	Phone2:
Current address:		
City:	State:	ZIP Code:
EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		Phone:
City:	State:	ZIP Code:
ADDITIONAL CONTACT		
Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
MEMBERSHIP PAYMENT INFORMATION		
Monthly Fee: \$50.00		
Date to be drafted: 1 st	16 th	Card Type:
Card #:		
Expiration:	CVC Code:	Zip Code:
I authorize Absolute Therapy Massage & Float Center, to draft the amount of my monthly spa membership from the credit card listed above. I understand that my account will be drafted on the due date indicated of each month until otherwise specified. I understand that I have the right to stop payment at any time after the first initial payment.		
Sign:		Date:
UNDERSTANDING OF RULES AND REGULATIONS		
I certify that I have read and understand the rules and regulations that were provided to me and I will comply with the consensus herein.		
Sign:		Date: