



“VIP” MEMBERSHIP PROGRAM

Member's Name: _____ Birthday: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date: _____ E-Mail Address: _____

\$84.95 Per Month for 12 months or \$1,019.40 One Time Per Year

- A) One Free Service per month
 - 1) One Free 55 minute Magnolia Custom Massage
 - 2) Or Custom Designed Facial
 - 3) Or Spa Manicure and Pedicure
- B) 10% off all additional Services Monday through Thursday during the month
- C) 5% off all retail products during the month
- D) Unused Free Service Rolls Over
- E) One Year Membership, Automatic Withdrawal

City Magnolia Membership Conditions

- Free services and discounts are applicable to Member only.
- Discounts do not apply to Series or Services by outside contractors
- Discounts cannot be combined with services or products which are discounted as a result of a monthly special or promotional event. In the event a promotional price is less than the member's discount price, the lower amount will be charged.
- Discounts do not apply to City Magnolia Gift Certificates.
- Unused services may be carried over from month to month, but not outside of the contract period.
- Memberships are non-transferable and may not be terminated before 12 months.
- City Magnolia reserves the right to cancel this membership at any time in the event that the member engages in behavior that is unsafe or objectionable to City Magnolia and its clients.

MEMBER'S SIGNATURE _____

Purchaser's Informed Consent & Authorization: I understand the charges for the above membership will be drafted from my bank account on the first of every month beginning _____ 20____ and will continue for 12 consecutive months. In the event a draft is not honored by your bank, a service charge of \$25.00 will be assessed. I understand this is a twelve month commitment and that refunds will not be granted at any time during this membership. I further understand that if I am buying this membership for someone else, I am guaranteeing a specific payment for a specified amount of time and I can not cancel a membership I have purchased for someone else. I understand and agree to the terms of the selected membership plan and payment policies within this agreement.

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT

I, _____, hereby authorize City Magnolia Day Spa, to initiate credit entries to _____ Checking () Savings () account indicated below and the depository named below to credit such account.

Depository(Bank) _____
Name _____
_____ City _____ State _____

Banking Transit/ABA No. _____ Account No. _____
(Always 9 Digits)

ATTACH TO THIS FORM A VOIDED CHECK IF CHECKING ACCOUNT DEBIT OR A SAVINGS DEPOSIT TICKET IF SAVINGS ACCOUNT. (Please Note: Savings deposit ticket may not include DEPOSITORY bank's transit/ABA number.)

This authorization is to remain in full force and effect for one year. At which time City Magnolia Day Spa will contact you to discuss if you wish to contract for another year.

Authorized Signature for account above Printed Name Date

Authorized Signature for account above Printed Name Date
(If second signature is required)