



# WELLNESS PROGRAM GIFT



MEMBER INFORMATION	STUDIO NAME/LOCATION	
	MEMBER NAME	
	ASSOCIATE MEMBER NAME (IF DESIRED)	MEMBERSHIP START DATE
	SELECT MEMBERSHIP TYPE <input type="checkbox"/> 55-MIN <input type="checkbox"/> 80-MIN <input type="checkbox"/> 110-MIN <input type="checkbox"/> HOT STONE	MEMBERSHIP RATE
	SELECT PAYMENT METHOD <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER <input type="checkbox"/> CHECKING*	*ASK ABOUT AVAILABILITY - MUST ATTACH VOIDED CHECK OR BANK ACCOUNT STATEMENT FOR ACH PAYMENT PROCESSING
	CARDHOLDER NAME (IF OTHER THAN MEMBER NAME)	
	BILLING ADDRESS (IF OTHER THAN MEMBER ADDRESS CURRENTLY ON FILE)	
	LAST 4 DIGITS OF CARD NUMBER	CREDIT CARD EXPIRATION DATE
THANK YOU FOR JOINING OUR WELLNESS PROGRAM		
OUR AGREEMENT	<p>You are agreeing, on behalf of someone else to make payment via an automatic monthly draft based on the information you provided to us at the top of this form.</p> <p>This agreement shall commence on _____ and end on _____ (gift period) and cannot be cancelled. This program also entitles the gift recipient to receive additional massages during the month at your Wellness Program membership rate. Unused massage sessions roll over each month. There may be additional benefits of membership as well. Please check with the Sales Client Service Specialist for more information.</p> <p style="text-align: right;">INITIALS: _____</p>	
	<p><b>BY SIGNING BELOW, I AGREE THAT I HAVE READ AND UNDERSTAND THE FOLLOWING</b></p> <p>I agree to the Wellness Program and payment type selected above. I authorize Elements Therapeutic Massage® to charge or ACH my transactions from the above referenced account. In the event of failed payment, Elements has the right to immediately terminate my membership, resulting in forfeiture of any unused sessions.</p>	
TERMS & CONDITIONS	MEMBER SIGNATURE	
	DATE	