

BOTOX CLUB MEMBERSHIP AGREEMENT

- Silver 5 unit Membership \$65/month
- Gold 10 unit Membership \$119/month
- Platinum 15 unit Membership \$169/month

This membership agreement between Revive Medical Spa LLC and _____
_____ (Member Name) shall be effective on the date of ___ / ___ / ____.
Benefits will become available after the above billing date each month. MEMBERSHIP
INCLUDES 5 or 10 or 15 units of Botox Cosmetic banked each month.

Units accrued in Botox Club Membership are not transferable or shareable.

Additional units can be purchased at regular retail price. Member Benefits:

- 5, 10, or 15 units of Botox Cosmetic banked each month, based on membership level.
- \$100 off syringe of dermal filler (once per calendar year).
- \$50 off single SkinPen Precision microneedling treatment (twice per calendar year).
- All point accumulation at each treatment.

Membership:

This agreement is personal to the member and may not be assigned, transferred or otherwise disposed of by the member.

Automatic Payment Agreement:

1. Monthly membership payments shall be made in advance by direct debit from member's designated credit or debit account. This information will be kept on file by Revive Medical Spa LLC. Either party may cancel the membership at any time by giving written notice to the other party.
2. Revive Medical Spa reserves the right to review subscriptions periodically. Members will be given at least 30 days' notice in writing of any changes, which include: (i) any increase in membership fee, (ii) change in date of automatic withdrawal.

Termination or Suspension of Membership:

Revive Medical Spa LLC reserves the right at any time to cancel or suspend the membership of any member in the event of the following:

- The member commits a serious breach of the Agreement and/or Revive Medical Spa Rules and Policies.
- Where any monies are due to Revive Medical Spa by the member remain unpaid for 30 days after its due date for payment.

- The member knowingly provides false details when applying for membership and the false declaration would have reasonably affected Revive Medical Spa's decision to grant the membership..
- If Revive Medical Spa terminates the membership for any of the above reasons, they reserve the right to retain any monies received to cover any reasonable costs they have incurred as a result.

Terms and Conditions:

1. Revive Medical Spa reserves the right to vary, add or eliminate any of the particular services from time to time.
2. Revive Medical Spa reserves the right to modify facility hours with or without notice.
3. **Membership discounts may not be combined with any other promotional offers.**

Credit Card Authorization:

Type of Card: _____

Card Number: _____

Expiration Date: _____ CCV _____

Cardholder Name: _____

I hereby agree to this membership agreement and authorize Revive Medical Spa to charge my card above per the terms of this membership agreement.

NAME

SIGNATURE

DATE