

# **BOTOX CLUB MEMBERSHIP AGREEMENT**

- Sapphire Membership \$120/month**
- Emerald Membership \$220/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 DETAILS:**

### **Sapphire Membership - \$120/month**

- 10 units of Botox monthly at \$12 per unit
- \$75 off regular price dermal filler
- \$50 SkinPen Precision Microneedling OR Aquagold Golden Glow Facial quarterly
- 10% off Revive Skincare and supplements
- 5% off Light Therapy Bed Punchcard
- 5% off ALL laser services (SculpSure and AviClear excluded)
- 1 FREE vitamin injection quarterly

### **Emerald Membership - \$220/month**

- 20 units of Botox monthly at \$11 per unit
- \$100 off regular price dermal filler
- \$50 off SkinPen Precision Microneedling OR Aquagold Golden Glow Facial quarterly
- 15% off Revive Skincare and supplements
- 10% off Light Therapy Bed Punchcards
- 10% off ALL laser services (SculpSure and AviClear excluded)
- 1 FREE vitamin injection quarterly

## **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. After 6 months of membership, Member may cancel without penalty. Prior to 6 months, an early termination fee of \$75 will apply.
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, (iii) termination of program by Revive Medical Spa.

## **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. First payment is due at sign up and subsequent payments will draw on the 1st OR the 15th of the month (whichever is closer to the sign up date).
4. Credits are banked on account each month and do not expire.
5. Bonus discounts are on regular prices only and may not be applied to packages or promotions. Filler discount applies up to 12 syringes filler per calendar year. Light Therapy Bed punchcard limit of 1 per month.
6. Credit card is required for monthly payment (no cash) and will be billed once monthly based on date of sign up.
7. Minimum 6 month membership. Membership may be renewed annually.
8. Alle Points cannot be used to pay for membership.
9. Membership cannot be transferred or put "ON HOLD."
10. Credits may not be shared or transferred.
11. Please note that our Cancellation and No Show policy applies to this membership.
12. Declined credit card transactions will result in a \$25 service fee.

**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