



VIP MEMBERSHIP AGREEMENT

- Month-to-month billing (\$139.00/month)
- Paid-in-full 6 months (5% discount)
- Paid-in-full 12 months (10% discount)

This membership agreement between Radiance Medical Spa, PA and _____ (Member Name) shall be effective on the date of ____/____/____. Benefits will become available after the above billing date each month. MEMBERSHIP INCLUDES: Monthly treatment, your choice of one Customized Chemical Peel or one Anti-Aging HydraFacial.

Included and discounted treatments may be used only by the member. The member exclusively receives 10% off Lumecca (IPL), Diolaze, Forma, Forma Plus, BodyFX, and Fractora treatments, \$11 Botox Anytime, \$50 off their first filler syringe and \$75 off their second syringe, and 15% off all retail products.

Membership:

1. This Agreement is personal to the member and may not be assigned, transferred or otherwise disposed of by the member.
2. Applicants for membership must be at least 18 years old. Applicants under the age of 18 years old must have parental consent.

Automatic Payment Agreement:

1. Monthly membership payments shall be made in advance by direct debit from the member's designated credit/debit account. This information will be kept on file by Radiance Medical Spa. Either party may cancel the membership at any time by giving written notice to the other party.
2. Radiance 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:

1. Radiance Medical Spa 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 this Agreement and/or Radiance Medical Spa Rules and Regulations.
 - Where any monies are due to Radiance 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 Radiance Medical Spa’s decision to grant the membership.
- If Radiance Medical Spa terminates for any reason, they reserve the right to retain any monies received to cover any reasonable costs they have incurred as a result.

Terms and Conditions:

1. Radiance Medical Spa reserves the right to vary, add or eliminate any of the particular services and facilities provided them from time to time.
2. Radiance Medical Spa reserves the right to set aside facilities for social events or activities.
3. Radiance Medical Spa reserves the right to close or modify facility hours with or without notice.
4. May not be combined with any other promotional offer or promotional gift card.

I hereby agree to the Membership Agreement as stated above.

_____ Print Name Date
 _____ Signature Date

Credit Card Authorization

Type of Card: _____
 Card Number: _____ -- _____ -- _____ -- _____
 Expiration Date: _____ / _____
 CCV Code (three digits on back of card): _____
 Cardholder Name: _____
 Billing Address: _____

 Email Address: _____

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

_____ Signature Date