



Monthly Membership Application

Name _____ Date _____

Street Address _____

City _____ State _____ Zip Code _____

Home phone _____ Cell Phone _____

Email _____@_____

Please enroll me in - (Please check the chosen option)

(...) Silver Membership for \$49.00 per month

(...) Gold Membership for \$69.00 per month

(...) Platinum Membership for \$149.00 per month

I understand and agree with the following terms and conditions of this membership:

The membership monthly fee is specified above.

As long as I am enrolled in this membership, this fee will be charged automatically to my credit card on the first day of each month.

As long as my membership is paid in full, I will be considered a member in good standing.

The Silver membership entitles me for -

- One 50 minute facial or massage.
- 10% off any additional salon or spa services each month
- 20% off home care on initial visit
- Special member only promotions and sales

The Gold membership entitles me for -

- One 60 minute facial or massage.
- Choose our signature facial or a 1 hour massage each month
- 15% off any additional salon and services each month
- 20% off home care on initial visit
- Special member only promotions and sales

The Platinum membership entitles me for -

- Receive a specialty facial and body treatment, or specialty massage and body treatment.
- 20% off any additional salon or spa services each month
- 20% off home care on the initial visit
- 10% off home care products every day
- Special member only promotions and sales
- Priority bookings

Each membership offers a set allocation of services per month.

These services cannot be changed or carried forward into subsequent month(s) if unused.

If you fail to provide 48-hour notice of reservation cancelation, the reservation will be forfeited for the respective month.

This membership is non-transferable.

Memberships are 12-month term contracts. Yandi Spa will automatically charge your credit card the first day of each month for 12 consecutive months.

_____ (Initial). I have to provide a 7-day notice of cancellation prior to the first of the month in which I wish my membership to be discontinued. I understand that, in order to successfully cancel this automatic charge, my 7-day notice of cancellation to Yandi Spa must be in writing (via mail, fax or email).

Member Signature _____ Date _____

Credit card authorization

Credit Card Automatic Payment Authorization I hereby authorize Yandi Spa to charge my AMEX / Discover / Visa / MasterCard (please circle one) during the first week of each month in the amount specified above for the membership I have purchased.

My credit card information is:

Credit Card Number _____ Exp. Date _____ CVV _____

Name as Printed on Card _____ Billing Zip Code _____

I agree to pay the above credit card charges in accordance with the Card Issuer Agreement. I understand that Yandi Spa will automatically add a 5% processing fee to all declined charges.

Card Holder Signature _____ Date _____

Witness _____