



The Massage Collective

Boulder Massage & NeuroMuscular Therapy

Name: _____

Date: _____

Telephone #: _____ Email: _____

Membership Agreement:

I understand my initial membership with The Massage Collective, Ltd is for 6 months and requires no renewal. As a membership holder, my membership discount will be applied to all additional massages of 60 minutes or longer I receive each month. I may sign up for these additional massages with my therapist or with any of the other therapists @ The Massage Collective, Ltd. I understand that I am required to pay for these additional massages at time of service. Membership discounts are a member benefit and may not be shared or applied to gift cards. I understand and agree to abide by the 24-hour cancellation policy. Additionally, I understand massage rates are subject to change after the initial 6-month period. I will be given a 30-day notice of any rate changes, and I agree to abide by these changes. I understand my membership may be terminated immediately if I conduct myself in a manner deemed inappropriate. Additionally, I understand I am bound by the terms of this agreement unless cancelled in writing within seven days after acceptance, or otherwise provided by law.

Initials: _____

Cancellation policy:

In respect for the therapists scheduling, **appointments cancelled less than 24 hours in advance will be subject to forfeiture** as outlined on the Client Intake form. If you wish to reschedule in the same month, you will be charged at your membership rate at time of service. **Membership may be cancelled after the initial 6-month period by providing notification of intent 15 days prior to the desired month of cancellation. There is no fee to cancel.**

Initials: _____

Membership Payment (Non-Payment)

Members will be required to provide future payment information through an approved credit or debit account. **Payments will occur within a few days of the agreed upon billing date – either the 1st or the 15th day of the month.** I agree to notify The Massage Collective, Ltd. of any changes to my credit or debit account information at least 15 days prior to the next billing date. I understand it is my responsibility to ensure I have adequate funds in my account to cover these transactions. **There will be a \$20 fee for all denied payments.** If payment is denied, an attempt to contact the member for fees using the contact information on file will be made for a period of five days. After that time the membership will be placed on “Hold” and the membership

will not be active. If a member should default on their membership before the initial 6-month membership has ended, The Massage Collective, Ltd. will attempt to collect the monies outstanding on the account for 30 days and if unsuccessful, the account will be sent to collections.

Initials: _____

Treatment Plan:

____ 1 Monthly Massage - Experienced Therapist

____ 2 Monthly Massages - Experienced Therapist

1/60 Minute Massage at \$76.50 per month

2/60 Massages at \$72.25 each/\$144.50 per month

1/75 Minute Massage at \$90.00 per month

2/75 Massages at \$85.00 each/\$170.00 per month

1/90 Minute Massage at \$108.00 per month

2/90 Massages at \$102.00 each/\$204.00 a month

Monthly Gratuity of \$ _____

Total to be billed Monthly \$ _____

Billing Date (choose one): 1st ____ or 15th ____

Credit or Debit Card:

Visa MasterCard American Express Discover

Card Number: _____ Expiration Date: _____

Name of Cardholder: _____ Zip Code: _____

Restrictions:

I understand that my membership is already discounted, therefore other discounts or coupons may not be applied to your membership.

Initials: _____

Authorization:

By signing below, I authorize The Massage Collective, Ltd. to charge the credit card indicated in this authorization form per the terms of my Membership Agreement. I understand this authorization will remain in effect until I cancel as outlined in this Membership Agreement. I certify that I am an authorized user of this credit/debit card and that I will not dispute the payments with my credit/debit card company provided the transactions correspond to the terms of my Membership Agreement.

Member Signature: _____ Date: _____