

## Healthy Habits Monthly Massage Wellness Club

As a monthly member you are receiving one massage each month which is *prepaid* by your monthly membership.  
I would like a: please choose only one:

60 minute membership: \$85

90 minute membership: \$127

Additional massages are priced as follows:

\*120 minute massage rate with membership: \$170 (non-member \$210)

\*90 minute massage rate with membership: \$127 (non-member \$158)

\*60 minute massage rate with membership: \$85 (non-member \$105)

\*30 minute massage rate with membership: \$50 (non-member \$65)

- On the 1<sup>st</sup> of each month your credit card will be billed in the amount of your specified membership type.. With this billing, you are entitled to one prepaid massage during that month in the time increment chosen upon membership activation.
- Membership is month to month.

**IF YOU NEED TO SUSPEND OR CANCEL:**

A cancellation form is to be filled out by the member to notify RRHWC of termination or suspension *before the 1st of the month*, in which you wish to prevent/cancel billing.

Please be aware: all *unused massage credits are terminated/void* when the contract is *terminated*, but remain on the account for use *during a suspension*.

- RRHWC provides the club pricing to *promote and encourage regular self-care, health and wellness, at a discounted rate*. It is the member's responsibility to make an appointment each month for the prepaid services.
- Unused massage credits on an active membership carry-over for 6 months before they expire. If a member cannot make it in during the month for any reason, that member can gift the prepaid service to a family member or friend for that month, schedule a make-up session or longer session/upgraded service the next month, etc.

Thank you for allowing Round Rock Health and Wellness to serve you. We hope you enjoy the services we provide.

**I accept the terms of this agreement and therefore allow Round Rock Health & Wellness to deduct my monthly membership dues from my credit card for this membership:**

**Printed  
Name:**

**Billing  
Address**

**Date**

Signature X \_\_\_\_\_