

THE FLOATATION CENTRE
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Monthly Membership Contract

Date: _____

Full Name: _____
Address (full): _____

Email: _____
Phone Number: _____

Membership Start Date:

Credit Card Information (please note, this is kept in a locked, secure space)

Card type: (circle one) Visa / MC

CC Number:

Expiry Date: CVV Number:

Terms & Conditions

The membership I am agreeing to is an auto-renew contract, with a minimum 3 month commitment. _____

My membership renews on the 15th of each month. I understand that my membership does not end after 3 months unless I cancel it (according to the terms below) _____

If I wish to cancel my membership at any time following the initial 3 month commitment, I must fill out & submit a cancellation form at least 30 days prior to the next payment. _____

I understand that the penalty for terminating this membership before the 3 month period is \$100 _____

I agree to allow The Floatation Centre by Lindsay Dee MacPhee Inc. to charge my credit card on a monthly basis for the purpose of my membership fee. _____

I agree to inform The Floatation Centre by Lindsay Dee MacPhee Inc. of any changes in my credit card or bank information prior to the next pre-authorized payment. _____

I understand that I have the ability to freeze my membership for up to 60 days, each year, for free; any subsequent freezes will incur a \$10 administrative fee. Suspension requests must be submitted 10 days before next payment. _____

I understand that I have rights to reimbursement if any debit does not comply with the terms of this agreement.

Guest Signature: _____

Staff Only

Entered into MBO?

Entered by [staff member name, date]: