



[Your Med Spa Name] Membership Agreement

Member Name: _____

Phone Number: _____

Email Address: _____

Membership Start Date: _____

Membership End Date: _____

• Membership Duration and Renewal

1. This membership begins on the above start date and is valid for:

- ☐ Monthly Membership
- ☐ Quarterly Membership
- ☐ 6-Month Membership (Paid in Full: ___% Discount)
- ☐ Annual Membership (Paid in Full: ___% Discount)

2. This membership agreement between [Med Spa Name] and _____

[Member Name] shall be effective on the date of _____

• Payment Details

1. Membership will automatically renew after the end of the billing date for \$ _____

/ Monthly payments for this membership shall occur on the: (check one)

☐ 1st ☐ 15th

of each month for \$ _____

2. Unused credits, services, or discounts **cannot roll over to the next month** and will expire at the end of the billing cycle.

• Services Details

1. MEMBERSHIP INCLUDES: **one Signature Facial, one Microdermabrasion treatment, or one LED Light Therapy session** per month. All included and discounted treatments are for the member's use only and are non-transferable. Members also receive **15% off Botox/Dysport treatments, 20% off Laser Hair Removal services, and 10% off all retail skincare products.**

2. Additional exclusive perks: Priority booking, early access to new services and members-only events.

• Membership Terms, Cancellation and Refund Policies

1. The initial membership period is a commitment of **six months** ("Initial Period"). During this time, the membership cannot be terminated or suspended by the member. Early termination of the contract before the six-month expiration will result in a **\$100 early termination fee** charged to the card on file. Additionally, any terminated membership will have a one-year waiting period before the member can be reinstated.
2. After the Initial Period, memberships will automatically renew according to the renewal period stated above, unless a **written 30-day cancellation notice** is provided by either party.
3. Members may cancel their membership at any time after the Initial Period by submitting a 30-day written notice prior to their next billing cycle.
4. This membership agreement is personal to the member and cannot be assigned, transferred, or shared with others.
5. Membership fees are non-refundable after they have been charged.
6. Any unused services, credits, or discounts will expire at the end of the billing cycle and cannot be rolled over to the next billing cycle.

• Freezing or Pausing a Membership:

Memberships may be paused once per year for a **minimum of 30 days and a maximum of 3 months** due to special circumstances such as military leave, pregnancy, extended illness, relocation, medical issues or extended travel. A freeze request must be submitted in writing, and an administrative fee of \$___ applies for each month the membership is frozen.

You must be a member for at least 30 days and have made at least one month's membership payment in order to be eligible to freeze your account.

The member may designate a date to end their freeze period at any time, or on ____/____/____. If no end date is given, the membership will be frozen for the full 3-month freezing period. At the end of the membership freeze term, your dues will continue with your next scheduled electronic funds transfer date. Your initial membership expiration date will be extended by the amount of time that your membership was frozen. The terms and conditions will continue to apply through the extended membership term. To initiate a freeze, submit a written request to [Med Spa Name].

• Member Responsibilities and Obligations

The member agrees to fulfill all responsibilities and obligations outlined in this agreement to maintain their membership in good standing. This includes:

1. Members are responsible for booking their appointments in advance to secure their preferred time slots. Members must adhere to [Med Spa Name]'s cancellation and rescheduling policy to avoid penalties or fees.
2. Members agree to comply with all rules and regulations of [Med Spa Name]. This includes respecting the spa environment, staff, and other clients during visits. Failure to adhere to these policies may result in membership suspension or termination.

3. Members must ensure their payment information is accurate and up-to-date at all times. This includes providing a valid credit or debit card for automatic payments and promptly updating billing information when necessary to avoid payment issues.
4. Members are required to disclose any changes in their health or medical conditions that could impact the safety or efficacy of treatments offered under the membership. This is necessary to ensure all services are provided safely and effectively.

• Termination of Membership by [Med Spa Name]

[Med Spa Name] reserves the right to suspend or terminate a membership at any time under the following circumstances:

a. Violation of Terms:

The member commits a serious breach of this agreement or violates any of [Your Med Spa Name]'s rules and regulations, including but not limited to disruptive behavior, inappropriate conduct, or failure to adhere to med spa policies.

b. Non-Payment:

Membership fees remain unpaid for 30 days past their due date despite reasonable efforts to notify the member and resolve the issue.

c. Providing False Information:

The member knowingly provides false or misleading information when applying for membership. If the false declaration would have reasonably impacted [Med Spa Name]'s decision to grant the membership, termination will ensue.

d. Health and Safety Risks:

The member develops or fails to disclose a health condition that poses a safety risk or renders them ineligible for certain treatments included in the membership services.

e. Damage or Misconduct:

Any intentional damage to med spa property, abusive language, or harmful actions toward staff or other clients.

f. Business Necessity:

[Med Spa Name] may terminate the membership for operational or business reasons. In such cases, any prepaid membership fees for unused periods will be refunded to the member.

g. Retention of Fees for Breach:

If termination occurs due to the member's breach of the agreement, [Med Spa Name] reserves the right to retain any monies received to cover reasonable costs incurred as a result.

Members terminated under this clause will be notified in writing, and all benefits and privileges will cease immediately upon termination.

• Waiver of Liability and Consent

I, _____, confirm that I have read this agreement in its entirety before signing and that I am entitled to receive a completed copy of the agreement. I understand that this document is a legally binding agreement upon acceptance by [Med Spa Name].

I acknowledge receipt of the membership terms and conditions, and I have read, understood, and agreed to be bound by these terms as part of my membership agreement. I further understand that membership dues already charged are non-refundable.

If I am under the age of 18, I understand that my parent or legal guardian must co-sign this agreement and be present during all office visits. Both my guardian and I agree to be bound by all terms and conditions outlined in this agreement.

Signature: _____
Date: ____ / ____ / ____

• **General Liability Waiver**

I acknowledge that I have read and fully understand the membership terms, conditions, benefits, and limitations provided by [Med Spa Name]. I confirm that I have disclosed any medical conditions that may impact my treatments and understand that [Med Spa Name] providers are not responsible for diagnosing medical conditions. I release [Med Spa Name] and its providers from liability for any injury or adverse effects resulting from undiagnosed conditions present during my treatment. I accept responsibility for notifying the spa of any changes in my physical or mental health and for reporting any injuries sustained at [Med Spa Name] at the time of service.

• **Credit Card Information and Authorization**

Card Type: _____ (MC/ VISA/ AMEX/ DISCOVER)
Card Number: ____-____-____-____
Expiration Date: __/____
CCV Code (three digits on the back of the card):_____
Cardholder Name:_____
Billing Address: _____
City/State/Zip Code: _____

I hereby authorize [Med Spa Name] to charge my card above per the terms of this membership agreement.

Signature: _____
Date: ____ / ____ / ____

• **HIPAA Compliance and Data Privacy**

At [Your Med Spa Name], we are committed to protecting the privacy and confidentiality of our clients’ personal health information in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

1. Collection and Use of Information

[Med Spa Name] collects personal health information (PHI) only as necessary to provide safe and effective treatments, improve services, and comply with legal requirements.

2. Sharing of Information

PHI will not be shared with third parties without explicit client consent, except as required by law (e.g., for insurance purposes or legal investigations).

3. Client Rights

Clients have the right to access their medical records, request amendments, and receive a full account of disclosures. Requests can be made in writing to [Your Med Spa Name].

Disclaimer: *This template is intended for informational and educational purposes only and serves as a general example of a med spa membership agreement. It should not be considered legal advice or a substitute for consulting with a qualified attorney. Readers are strongly advised to consult a licensed legal professional to review and customize this template to meet their specific business needs and jurisdictional requirements.*