

# Galveston Lotus Therapies

## Monthly Maintenance Membership Form

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Membership Start Date: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Appointment notification and invoice notification preference:

- Email
- Text
- Email & Text
- Do not send a notification

Monthly Membership type:

- MMM One Month (\$40)
- MMM 6 Month (\$35/Month)[\$210 total]
- MMM 12 Month(\$30/Month)[\$360 total]

### Terms of Service

This Membership Agreement, when signed by the applicant and accepted by Galveston Lotus Therapies constitutes a binding contract between Galveston Lotus Therapies and the individual or entity executing the signature page of this Agreement. Membership rights, privileges, and obligations commence when the Agreement is signed by both parties as of Membership Start Date listed above.

### Term and Termination

This agreement shall remain in effect until one or more of the following occur:

- Member fails to meet any requirements of membership.
- Member fails to meet any requirements of Galveston Lotus Therapies policies
- Agreement term lapses without further terms or agreements added.
- Company files for bankruptcy or ceases to do business.

### Notices

Except under extenuating circumstances, any and all communications regarding this contract shall be delivered via your preferred method of contact.

### Assignment

Without prior written approval, no portion of this contract may be transferred or sold to any party not participating in this membership agreement.

### No Warranties

No warranties are given or implied by this membership agreement.

### Credit Card Authorization

I, \_\_\_\_\_, authorize Galveston Lotus Therapies to charge my credit card for the above agreed-upon purchase. I understand that my information will be saved to the file for future transactions to my account.

I agree to the terms of service and will pay the agreed-upon monthly payment on its due date, or within 72 hours, to maintain active membership. Should I decide to discontinue my membership, I agree to pay the remainder of the membership cost in full. The signatures below serve as a complete understanding and agreement to all terms and statements above.

| Credit Card Information  |
|--|
| Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX<br><input type="checkbox"/> Other _____ |
| Cardholder Name (as shown on card): _____  |
| Card Number: _____   |
| Expiration Date (mm/yy): _____   |
| Cardholder ZIP Code (from credit card billing address): _____  |

Member Signature: \_\_\_\_\_

Authorization: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_