



Murrieta Day Spa 2026 Membership Enrollment

Please read carefully, initial each item, complete information in the box and sign below:

- ___ I authorize Murrieta Day Spa (MDS) to enroll me in the Spa Membership Program with a 12-month commitment. I understand that my designated charge card will initially be billed a \$25 Enrollment Fee and will subsequently be automatically billed on the 1st day of each month based on the program cost of my choosing.
- ___ **At the end of my 12-month membership commitment, my Spa Membership will automatically revert to a month-to-month membership. My card will continue to be charged the monthly membership fee.**
- ___ **After the initial 12-month commitment, MDS reserves the right to increase monthly membership fees. MDS will notify member at least 30-days prior, and Member will be given the opportunity to cancel at that time.**
- ___ **I understand that it is my responsibility to schedule and redeem my service every month. If I fail to do this, I understand that I will forfeit that month's service after 30 days.** If you are unable to schedule a monthly appointment, you may request a one-time 30-day extension in writing by submitting a [Spa Member 30-Day Exception Request Form](#). **This 30-day exception will only be allowed once in a 12-month period.** No refunds or credits will be issued for missed and/or late appointments.
- ___ I understand that I may place my membership on hold for one month (maximum) in any 12-month period, by submitting a [Spa Member Hold Request Form](#) at least one week in advance of the billing date (1st of the month). I understand that by placing the membership on hold it will extend my initial 12-month contract end date by one month.
- ___ **I understand that I cannot downgrade or cancel my membership during the initial 12-month commitment period without penalty.** If for any reason I do need to cancel before the 12-month commitment period is completed, I may do so by filling out a [Spa Member Request to Cancel Form](#) at least 30 days prior to the next billing cycle and paying a **\$150 early cancellation fee**. Memberships are non-transferable.
- ___ After the initial one-year membership commitment has been fulfilled, the month-to-month membership can be cancelled by submitting a [Spa Member Request to Cancel Form](#) at least 30 days prior to the next billing date. There is no cancellation fee after the initial 12-months.
- ___ Memberships may be upgraded to a higher level at any time. Memberships may be changed to a different membership type, at comparable value, once during my 12-month commitment period by completing a [Spa Member Service Change Request Form](#).
- ___ I understand that I may leave the spa without checking out for my service. If I choose to do this, I agree that any additional services, upgrades, or products purchased will automatically be charged to the credit card on file.
- ___ It is the Member's responsibility to notify MDS if there are changes to my billing address, credit/debit card account or expiration date on file.
- ___ As a Spa Member, I will not have to fill out consent forms each visit. I will inform my technician verbally if any new physical or health changes.
- ___ MDS reserves the right to deny service to any guest whose behavior is inappropriate, disruptive, or poses a safety concern, including signs of intoxication.

Membership Types

Massage Membership	<i>Monthly Cost – 50 minutes</i>	<i>Monthly Cost – 80 min</i>
Classic M1	<input type="checkbox"/> \$135	<input type="checkbox"/> \$205
Essential M2	<input type="checkbox"/> \$150	<input type="checkbox"/> \$225
Elite M3	<input type="checkbox"/> \$165	<input type="checkbox"/> \$250

Facial Membership	<i>Monthly Cost</i>
Classic F1	<input type="checkbox"/> \$130
Essential F2	<input type="checkbox"/> \$155
Elite F3	<input type="checkbox"/> \$180

Ultimate Membership	<i>Monthly Cost</i>
Ultimate	<input type="checkbox"/> \$345

Member Name: _____	Date of Birth (optional): _____
Street Address: _____	
City: _____	State: _____ Zip Code: _____
Phone: _____	Email Address: _____
Cardholder's Name (if different from member): _____	
Credit Card Number _____	Exp Date: _____ CVV Code _____ Billing Zip Code: _____
Authorized Signature: _____	Date: _____

Contract Start Date: _____ Membership Enrollment Fee: \$ _____ Total Monthly Charge: \$ _____
 (MDS Use) Sold By / FD & Tech: _____ Processed By & Date: _____