



Murrieta Day Spa 2026 PIF Spa Membership Program Enrollment

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

- ___ I understand that by Paying in Full (PIF) membership fees for 12 months, that I will receive the 13th month for free.
- ___ I understand that this Paid in Full (PIF) Membership is non-refundable.
- ___ I authorize Murrieta Day Spa (MDS) to enroll me in the PIF Spa Membership Program with a 13-month commitment. I understand that my designated charge card will be billed a \$25 Enrollment Fee in addition to the program cost of my choosing.
- ___ At the end of my 13-month membership commitment, my PIF Spa Membership will automatically revert to a standard month-to-month membership and my card on file will be charged the monthly membership fee.
- ___ After the initial 13-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.
- ___ It will be my responsibility to schedule and redeem my spa 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, two, or three consecutive months (maximum) in any 12-month period, by submitting a [Spa Member Hold Request Form](#) at least one week in advance of the billing date. I understand that by placing the membership on hold it will extend my initial 12-month contract end date by the indicated duration of time.
- ___ 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.
- ___ 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 will be my responsibility to notify the spa if there are changes to my billing address, credit/debit card account or expiration date on file.
- ___ As a Member, I will not have to fill out consent forms for each visit. I will inform my technician verbally if any new physical or health changes.

Membership Types

	50 Minute Massages	80Minute Massages
Massage Membership	Monthly Cost / PIF Total	Monthly Cost / PIF Total
Classic M1	<input type="checkbox"/> \$135 / \$1,620	<input type="checkbox"/> \$205 / \$2,460
Essential M2	<input type="checkbox"/> \$150 / \$1,800	<input type="checkbox"/> \$225 / \$2,700
Elite M3	<input type="checkbox"/> \$165 / \$1,980	<input type="checkbox"/> \$250 / \$3,000

Facial Membership	Monthly Cost / PIF Total
Classic F1	<input type="checkbox"/> \$130 / \$1,560
Essential F2	<input type="checkbox"/> \$155 / \$1,860
Elite F3	<input type="checkbox"/> \$180 / \$2,160

Ultimate Membership	Monthly Cost / PIF Total
Ultimate	<input type="checkbox"/> \$345 / \$4,140

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: _____	

Start Date: _____ Membership Enrollment Fee: \$ _____ PIF Charge: \$ _____ Total Charge: _____

(MDS Use) Sold By / FD & Tech: _____ Processed By & Date: _____