



2026 Membership Service Change Request

SpaMemberName: _____

Contact Phone Number: _____ Date: _____

Current Membership Service: _____

I understand that I may change my membership to a different membership type, at comparable value, only once during my initial 12-month commitment period.

I further understand that I may upgrade my membership to a higher level at any time.

New Membership (selectservice upgrade type)

<i>Massage Membership</i>	<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

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

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

New monthly amount to be charged: \$ _____

Date for changes to take effect (1st of upcoming month or after): _____

Must provide current credit card information for any changes or updates to be processed for your membership:

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: _____
Credit Card Authorized Signature: _____			Date: _____

Spa Member Signature: _____

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

Processed By & Date: _____