

HEALTHY SPINES

CHIROPRACTIC

MEMBERSHIP AGREEMENT

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone: _____ Email: _____

This Membership Agreement between Member, listed above, and Healthy Spines Chiropractic Inc. is on a month-to-month basis at the rate of **\$60 per month**. Starting _____ and Ending _____. A charge of **\$25** will be made for any payments returned due to insufficient funds. Late payment and payment with an insufficient funds check violates Healthy Spines Chiropractic Inc. rules.

☐ **\$60 credit for any services or products.**
Services and Products of the month are 10% off original prices

Initials _____

Membership Conditions:

- Discounts cannot be combined with services or products which are discounted as a result of a monthly special or promotional event. In the event a promotional price is less than the members discount price, the lower amount will be charged.
- Discounts do not apply to Healthy Spines Chiropractic Inc. Gift Certificates
- Unused Services may be carried over from month to month, But expire after 3 months of the unused month. ie if April passes and you do not use your service by August it will no longer be available for use.
- Memberships are non-transferable
- Healthy Spines Chiropractic Inc. reserves the right to cancel this membership at any time.

Initials _____

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Billing Method:

Total Recurring Monthly Plan Cost is \$60

Card # (last for digits) _____

Expiration date _____

CVC _____

Your Membership Begins On: _____

By signing below, I authorize Healthy Spines Chiropractic Inc., to charge the account I have specified above. Monthly payments will be withdrawn on or after the same day of each month unless prohibited by the number of days in the month, in which case the fee will be withdrawn the last day of the month. Additionally, I authorize Healthy Spines Chiropractic Inc. to charge my credit card on file in lieu of presenting it for any services received, at my request.

I agree to sell and you agree to purchase the membership, services and benefits described herein. You agree to pay us for the membership, services and benefits according to the payments scheduled above. Your signature below indicates your agreement to be bound by this agreement and its terms and conditions. All buyers and members signing this agreement are equally responsible for paying it in full. Early Termination is upon Healthy Spines Chiropractic, inc.'s Discretion and an **Early Termination Fee of \$25** will be applied.

I ACKNOWLEDGE READING A COMPLETED COPY OF THIS AGREEMENT BEFORE SIGNING.

Member's Signature: _____ Date: _____

PARENTAL/GUARDIAN CONSENT

The undersigned persons are the parents or guardians of the Member in this membership agreement and make this agreement for the purpose of enabling the Member to use Healthy Spines Chiropractic Inc. Services. The undersigned persons consent to the Member using Healthy Spines Chiropractic Inc. Services and are aware of the risks involved in such use.

Signed by Parent/Guardian

Relationship to Member: ☐ Father; ☐ Mother; ☐ Guardian; ☐ Other (state relationship)

Print Name:

Date:

Signed by Parent/Guardian

Relationship to Member: ☐ Father; ☐ Mother; ☐ Guardian; ☐ Other (state relationship)

Print Name:

Date:

Healthy Spines Chiropractic Inc. USE

Verified Driver's License Information: ☐ Member ☐ Parent/Guardian ☐ Parent/Guardian

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(1) NOTICE TO PURCHASER: DO NOT SIGN THIS CONTRACT UNTIL YOU READ IT OR IF IT CONTAINS BLANK SPACES.

**(2) IF YOU DECIDE YOU DO NOT WISH TO REMAIN A MEMBER OF HEALTHY SPINES CHIROPRACTIC, YOU MAY CANCEL THIS CONTRACT BY MAILING TO HEALTHY SPINES CHIROPRACTIC INC. BY MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DAY YOU SIGN THIS CONTRACT A NOTICE STATING YOUR DESIRE TO CANCEL THIS CONTRACT. THE WRITTEN NOTICE MUST BE MAILED BY CERTIFIED MAIL TO THE FOLLOWING ADDRESS:
1473 N. DYSART RD. SUITE 101, AVONDALE, AZ 85323**

**(3) IF HEALTHY SPINES CHIROPRACTIC INC. GOES OUT OF BUSINESS AND DOES NOT PROVIDE FACILITIES WITHIN 10 MILES OF THE FACILITY IN WHICH YOU ARE ENROLLED OR IF HEALTHY SPINES CHIROPRACTIC INC. MOVES MORE THAN 10 MILES FROM THE FACILITY IN WHICH YOU ARE ENROLLED, YOU MAY CANCEL THIS CONTRACT BY MAILING A NOTICE TO HEALTHY SPINES CHIROPRACTIC INC. INC. STATING YOUR DESIRE TO CANCEL THIS CONTRACT, ACCOMPANIED BY PROOF OF PAYMENT ON THE CONTRACT. THE WRITTEN NOTICE MUST BE MAILED BY CERTIFIED MAIL TO THE FOLLOWING ADDRESS:
1473 N. DYSART RD. SUITE 101, AVONDALE, AZ 85323**

**(4) IF YOU DIE OR BECOME TOTALLY AND PERMANENTLY DISABLED AFTER THE DATE THIS CONTRACT TAKES EFFECT, YOU OR YOUR ESTATE MAY CANCEL THIS CONTRACT AND RECEIVE A PARTIAL REFUND OF YOUR UNUSED MEMBERSHIP FEE BY MAILING A NOTICE TO HEALTHY SPINES CHIROPRACTIC INC. STATING YOUR DESIRE TO CANCEL THIS CONTRACT. HEALTHY SPINES CHIROPRACTIC INC. MAY REQUIRE PROOF OF DISABILITY OR DEATH. THE WRITTEN NOTICE MUST BE MAILED BY CERTIFIED MAIL TO THE FOLLOWING ADDRESS:
1743 N. DYSART RD. SUITE 101, AVONDALE, AZ 85323**

MEMBER ACKNOWLEDGES RECEIPT OF A FULLY COMPLETED COPY OF THIS AGREEMENT EXECUTED BY BOTH HEALTHY SPINES CHIROPRACTIC INC. AND MEMBER AND ACKNOWLEDGES THE AGREEMENT TERMS.

Signed by Member: : _____ Date: _____

Healthy Spines Chiropractic Inc.
Representative: _____ Date: _____