



Membership Agreement

Name: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Financial Details

Monthly Fee:\$ _____ Annual Membership Total:\$ _____ Paid Today:\$ _____

The remainder of membership paid in 11 monthly installments on or after the _____ day of each month.

Membership will auto-renew at the end of annual term for \$ _____/month paid on or after the _____ of each month until submission of a written termination request.

I, _____, authorize Boston Plastic Surgery to charge my monthly membership fees to the credit/debit information that I have provided.

I understand that I am in full control of my payment, and if at any time I decide to make any changes to my credit/debit card information, I must submit to Boston Plastic Surgery the new credit/debit information at least five business days before the next due date. If at any time I decide to terminate my membership, I am required to give Boston Plastic Surgery a written notice 90 days before my next scheduled payment. I also understand no refunds will be issued after membership due has been charged. Change of payment method will not affect other provisions and terms of my agreement.

Member Signature: _____ Date: _____

Witness Signature: _____ Date: _____



Membership Terms and Conditions

Membership Dues

Membership dues will be automatically charged to a member's debit/credit card on the _____ of every month.

Monthly memberships are non-transferable and may not be shared.

Monthly membership (or annual if paid in full) payments are non-refundable.

Boston Plastic Surgery reserves the right to change clinic policies, regulations, and pricing at any time upon providing reasonable notice.

If payment does not go through, you will be contacted for updated account information. If we are unable to reach you after 3 days, your membership will be cancelled.

Freezing a Membership

There may be times when a member will need to freeze their membership for a short period of time (pregnancy, military service, illness, relocation, etc.). When a membership is frozen, the member is not authorized to use his or her membership services or benefits during the freeze period.

You must be a member for at least 30 days and have made at least one month's membership payment to be eligible to freeze your membership. Memberships may be frozen once during your annual contract period for a minimum of 30 days and a maximum of 3 months, depending on the circumstances of the member. The member may designate a date to end their freeze period at any time. If no end date is given, the membership will be frozen for the full 3-month period. At the end of the membership freeze term, your dues will continue with your next scheduled payment. Your initial membership expiration date will be extended by the amount of time that your membership was frozen. The terms and conditions will continue to apply through the extended membership term. To initiate a freeze, please submit a written request to Boston Plastic Surgery.

Termination

A 90 day written notice before your next scheduled payment is required to cancel a monthly membership plan. No refunds will be issued after monthly membership due has been charged or paid in full.

Auto-Renewal

Your membership will automatically be renewed at the end of the annual term, unless you submitted a written request to terminate your membership. During the renewal of your membership, your account will continue to be charged the monthly membership fee.

I understand and fully abide by the above terms and conditions.

Member Signature: _____ Date: _____

Witness Signature: _____ Date: _____