



Our goal is to be the number one Spa and esthetic center in the area; by creating and maintaining a friendly yet professional spa experience, where you feel beautiful from the moment you walk in. Keeping Wellness as our main priority and bringing hope and Inspiration in God's perfect love to our clients and to others.

Thank you for joining!!

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

**MEMBERSHIP LEVEL:**

- \$50.00 Annual Membership Fee + \$230.00 each month for a period of a year (12 months).  
Description: 2 body session treatment per month on one area.
- \$50.00 Annual Membership Fee + \$250.00 each month for a period of a year (12 months).  
Description: 2 body session treatment on two areas per month.
- \$50.00 Annual Membership Fee + \$230.00 each month for a period of a year (12 months).  
Description: 1 Dermapen Microneedle and 1 Deep cleansing facial per month.
- \$50.00 Annual Membership Fee + \$180.00 each month for a period of a year (12 months).  
Description: 1 HydraFacial per month + 1 20 min. infrared sauna

**ELECTRONING FUNDS AGREEMENT**

I authorized the bank set forth below to make payment on monthly dues charges and fees incurred, in the manner indicated:

Checking Acc. # \_\_\_\_\_ Routing#: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Mastercard/Visa/American Express/Amex # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

You are obligated to pay \_\_\_\_\_ per month for one year. Start EFT \_\_\_\_\_

This contract will continue on a monthly basic after the first year unless Bella Corpo Esthetic Center Spa receives written notice by certified mail 60 days prior to cancellation. The monthly dues cannot be raised during the first year of membership. After the first year, Bella Corpo Esthetic Center Spa may raise the monthly dues with 30 days notice.

Or,

Full Year Advance payment of \_\_\_\_\_ Renewal Date: \_\_\_\_\_

Your membership will renew automatically unless Bella Corpo Esthetic Center Spa receives written notice by certified mail.

Signature authorization \_\_\_\_\_

Date: \_\_\_\_\_

Enrollment Fee: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Initial Monthly Payment: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Total Amount Paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_