



# Skin365 *Membership* Program

Simply about *You.*

Guest #: \_\_\_\_\_

## Skin365 *Membership* Enrollment Information

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Last First M.I. DOB.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*City State Zip Code*

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

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

### Gender

Female  Male

### What are your main skin care concerns? (check all that apply)

Aging  Age Spots  Wrinkles  Sun Damage  Acne  Oily Skin  Dry Skin

Other: \_\_\_\_\_

### How did you hear about the Skin365 Membership Program?

Three Rivers Dermatology & Windy Ridge Skin Care Centre Team  In-Office Marketing Material

Email  Facebook  Twitter  Web Site  Flyer

Family/Friend/Associate: (First & Last Name) \_\_\_\_\_

## *Membership Program Payment Plan*

Monthly Paymentsô \$99 (per month)

Year paid in fullô \$1188

### Office Use Only

Monthly Fee: \$99

Paid Today:\$ \_\_\_\_\_

Remainder of annual membership total paid in 11 monthly installments on or after the 1st of each month.

Membership Sign-up/Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of first automatic payment on or after: \_\_\_\_\_ / 1 / \_\_\_\_\_

# Member Recurring Payment Authorization

All requested information is required. Simply complete the payment information section below and we will automatically bill your credit card each month.

## Credit Card Information (to be completed by customer)

### Card Type

Master Card     Visa     Discover     AMEX    Monthly Charge: \$ \_\_\_\_\_

**Card Holder Name:** \_\_\_\_\_  
(as shown on card)

### Card Holder Billing Address:

\_\_\_\_\_ *Street Address* \_\_\_\_\_ *Apartment/Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code*

**Card Number:** \_\_\_\_\_ **Expires:** \_\_\_\_\_ / \_\_\_\_\_

**CVV Code:** \_\_\_\_\_ (3 digit code on back of card or 4 digit code on front of AMEX cards)

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Member Signature:** \_\_\_\_\_



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Version 12-20-2016



# Skin365 *Membership* Program Terms & Conditions

Version 01-16-2017

All memberships include your choice of a chemical peel or customized facial each month. Members may upgrade their monthly service and/or purchase an unlimited number of additional services at discounted rates as outlined within the membership menu. The monthly service credit can be carried forward one subsequent month. If unused, the respective service credit will be forfeited. Three Rivers Dermatology & Windy Ridge Skin Care Centre has the right to change or alter the specifications of a treatment at any time without notice.

At the end of the initial term of membership (*12 Months*), monthly fees will automatically renew on a month-to-month basis and may be cancelled at any time without being charged the cancellation fee.

**Membership Fee:** We agree to sell and you agree to purchase the membership and services described herein. You agree to have your membership payment automatically charged to your credit card on the 1st of each month. In the event that funds are not available in the buyer's account, monthly service credit will not be deposited and the membership will be placed on hold until the monthly fee is remitted in full. If the balance is not paid within 30 days from the due date, this contract will become null and void and the membership will be discontinued.

**Membership Discounts:** Skin365 Memberships are non-transferrable, not redeemable for cash and may not be shared with any other individual. All member offers are already discounted and cannot be used in conjunction with any other promotional offer and may not be combined with any other offers or discounts.

**Appointment Cancellation:** Please provide a 24-hour notice of any changes or cancellations to your scheduled appointment. Cancellations within 24 hours notice and same-day cancellations will be charged against your membership and the respective service for the month will be forfeited.

**Unpaid Balances:** If the member has an unpaid, past-due balance for previous services (including medical), membership privileges will automatically be suspended until the balance is paid in full or payment arrangements have been agreed upon.

**Termination:** Three Rivers Dermatology & Windy Ridge Skin Care Centre may terminate the membership if the member fails to follow the policies and procedures for the program.

**Freezing Membership:** There may be a time you would like to freeze your membership due to extenuating circumstances such as extended illness, military leave or temporary relocation. You must be a member for at least 30 days, and have made at least one month's membership payment in order to be eligible to freeze your account.

Memberships may be frozen once during your annual contract period, for a minimum of 30 days and a maximum of 3 months. The member may designate a date to end their freeze period any time after the minimum 30 day term. If no end date is given, the membership will be frozen for the full 3-month freezing period. At the end of the membership freeze term, dues will continue with the next scheduled electronic funds transfer date. The initial membership expiration date will be extended by the amount of time that the membership was frozen.

To initiate a freeze, simply complete the Membership Freeze Request form in our office a minimum of 7 days prior to the first of the month in which the member wishes to freeze the membership.

**Cancellation during Initial 1-year Membership Term:** Membership plans require a 12-month commitment and early termination will require a cancellation fee of \$75. To cancel your membership, please complete a Membership Program Cancellation Request form a minimum of 7 days prior to the first of the month in which the member wishes the membership to be discontinued.

## **AGREEMENT OF TERMS AND CONDITIONS**

I acknowledge receiving and reading this agreement before signing. My endorsement forms a binding agreement between myself and Three Rivers Dermatology & Windy Ridge Skin Care Centre. By signing, I understand and agree to the above terms and conditions of the Skin365 Membership Program.

**Patient/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_