

Bodhi Ayurveda Enlightened Membership Program Application



Enlightened Member Information

Last Name: _____ First Name: _____ Date: _____

Address: _____ State: _____ Zipcode: _____

Phone: _____ (home) _____ (cell) Email: _____

Enlightened Membership Plan Details

By initialing below, I have elected the following for my Enlightened Membership plan:

_____ Monthly plan

Your enlightened membership program will begin on ____/____/____. Your **monthly dues of \$65** will be due on the 1st of each month, and will auto renew after the initial term until your Enlightened Membership is cancelled.

_____ I understand that on the 1st of every month, I will receive a **pre-paid credit of \$65** on my account to maintain Enlightened Membership. I understand that if I have not redeemed any pre-paid credit, it will remain on my account for use at a future time.

_____ I understand that I may not receive my service with the requested therapist due to scheduling requests and availability.

_____ I understand that all cancellation/no show policies apply while under the Enlightened Membership program, including 24 hours cancellation or incurring a late cancellation fee.

Canceling the Enlightened Membership Program

_____ I understand that I can cancel my Enlightened Membership Program any time after the first 6 months, which ends on ____/____/____. I will not be charged any fee for canceling. **In order to cancel, I must provide written notice 30 days in advance of the next billing date.** I understand that I will not receive any refunds or credits for any months of unused pre-paid services. However, any unused prepaid services are not lost and will be made available to me after my cancellation date and can be used towards any services at their current price at the time of service.

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By signing below, I authorize Bodhi Ayurveda to charge the account I specified. Monthly fees will be withdrawn on or after the same day of each month. I understand that Bodhi Ayurveda may continue to charge my account or cancel my Enlightened Membership Program in accordance with the "Policies and Procedures" of this agreement. Additionally, I authorize Bodhi Ayurveda to charge my credit card on file in lieu of presenting it, for any services received at any time, including appointments that are considered cancelled or considered a "no show" in accordance with Bodhi Ayurveda's cancellation policy. Bodhi Ayurveda agrees to sell and I agree to purchase the Enlightened Membership Program, goods and services described herein. I agree to pay Bodhi Ayurveda for the Enlightened Membership Program, goods and services according to the payment schedule above. My signature below indicates my agreement to be bound by the terms, conditions, rules and regulations of this agreement. All of the terms and conditions in this agreement, as well as those contained in the document "Policies and Procedures" that have been given to me, are a part of this agreement. All persons signing this agreement are equally responsible for paying in full.

I ACKNOWLEDGE READING AND RECEIVING A COMPLETED COPY OF THIS AGREEMENT. I UNDERSTAND THAT I HAVE AGREED TO THE LINES I HAVE INITIALED NEXT TO AND THE TERMS IN THE "POLICIES AND PROCEDURES".

_____/_____/_____
CARDHOLDER PRINTED NAME CARDHOLDER SIGNATURE DATE

_____/_____/_____
CLIENT PRINTED NAME CLIENT SIGNATURE DATE

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This section is to be filled by a Bodhi Ayurveda Representative

Payment Type: ☐ Visa ☐ Master Card ☐ Discover ☐ AMEX

Last 4 digits: _____ Exp Date: ____/____

Name on Credit Card: _____

Bodhi Ayurveda Representative Signature: _____

Bodhi Ayurveda Representative Name (print): _____