

Somata Massage Membership Agreement

By authorizing Somata Massage to charge the credit card/cash payment account below, I understand that:

- On the ____ of each month, I will be charged \$_____ for one ____ minute massage.
- Additional massages will be charged the same discounted rate at the time of service.
- Missed sessions will roll over and not expire as long as I am a member; they may be used by me, a family member or a friend. I may also divide any missed one-hour appointments to extend 2 later sessions to 90-minutes.
- My membership can be cancelled at any time before the next charge date, but any missed sessions will not be refunded; they must be used by either myself, a friend or a family member within one year of my cancellation. Unused sessions will expire one year after my cancellation date.
- I will make every effort to keep my payment information current. If my payment doesn't go through for any reason, I will still be responsible for that month's payment, even if I do not schedule a massage that month.
- No-shows and appointments cancelled less than 24 hours in advance will cause that session to be charged at the membership rate, or if prepaid, forfeited and not rolled over.

Credit Card/Cash payment Authorization

This authorization will remain in effect until notification of cancellation.

Account holder name: _____

Billing zipcode _____ Email address for receipt: _____

I hereby authorize my credit card/cash payment account to be charged for my monthly membership. I understand that this agreement covers whatever credit card(s)/cash payment information that may be saved on my account. I also give permission for Somata Massage to send text appointment reminders to my cellphone.

Signature _____