



6502 Grand Teton Plaza, Suite 101
Madison, WI 53719
608.770.2081

www.ppmassage.com

Member Name: _____

Membership Description:

You (the member) are agreeing to an auto-renewing monthly massage program with us (Peak Performance Massage). You are agreeing to being a member for a minimum of 90 days with a 30 day written cancellation required in order to terminated your contract. The program also allows you to receive any additional massages during the month at your member rate as well as the ability to purchase gift certificates at that same rate. Any unused massage sessions will roll over into the following month. Any massages remaining after canceling your membership you will have 60 days to use or you can convert them into gift certificates for \$15. Any unused massages after the 60 days will be forfeited. If your auto-payment is declined you have 30 days to contact us and set up payment or we hold the right to cancel your membership and forfeit any massages that remain on your account. All other practice policies apply regarding rescheduling and canceling your appointment.

Initials: _____

Your Membership of Choice:

___ 25 Minute Massage (\$40 per month)

___ 55 Minute Massage (\$70 per month)

___ 85 Minute Massage (\$100 per month)

Payment Information:

Credit Card Type: _____ ID Checked: _____

Credit Card Number: _____ Expiration Date: _____

By signing below, I authorize Peak Performance Massage to charge the account I have specified. Monthly dues will be withdrawn on or after the same day each month based on the program I have indicated above. I understand Peak Performance Massage may continue to charge my account or cancel my membership in accordance with the terms and conditions of this agreement. I understand that this authority will remain in effect until the proper procedures are followed to cancel my membership.

Member Signature: _____ Date: _____



PEAK PERFORMANCE
MASSAGE

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262.758.6228

www.ppmassage.com

Helping you reach your potential