



MEMBERSHIP & ACH AUTHORIZATION Consent

PATIENT NAME _____ ACCOUNT # _____

DATE OF ENROLLMENT _____

Welcome to our Botox Club! As a member, you receive special pricing for Botox EVERY DAY of the week (\$12 per unit), plus one COMPLIMENTARY SilkPeel every month (value of \$170).

The following lists the terms of conditions of our Botox Club. Please read carefully and initial at each line, and feel free to ask any questions.

_____ I understand that there is a one-time registration fee of \$50 due upon enrollment. If I am to cancel my membership and re-enroll, I will be subject to an **additional** \$50 registration fee.

_____ I understand that **NO REFUNDS** of registration/membership fees are allowed under any circumstances.

_____ I understand that during the month of enrollment, the \$99 membership fee will be waived, and I am allowed a complimentary SilkPeel before the end of the calendar month. The first membership fee will then be automatically charged within the first five days of the *following* calendar month, and each month thereafter. In the event of insufficient funds, I will be subject to a \$25 fee.

_____ I understand that my membership benefits **CANNOT** be shared, and do not accrue. Discounts and SilkPeels are non-transferrable, and SilkPeels do not “roll-over” to the following month if unused.

_____ I understand that I may cancel my membership at any time, however at least **30 days written notice** is required.

By signing below, I indicate understanding of the Botox Club benefits, and the terms and conditions that apply. In addition, I hereby authorize Total Dermatology to charge the card listed below for the \$99 monthly membership fee.

Signature of Patient or Legal Guardian

Date

Witness

CREDIT CARD NUMBER _____ VISA MC AMEX DISC

EXPIRATION DATE _____ CVV CODE (back of card) _____