



300 W 39th Street, Vancouver, WA 98660 360-836-8482 wannetta@selahstudio.net

Massage Annual Agreement

Date: _____ Membership Level: _____ Payment: Prepaid Monthly

Name: _____ Email Address: _____

Address: Street _____ City _____ State _____ Zip _____

Home Phone #: _____ Cell Phone #: _____

Referred by: _____

Relaxation Massage Membership

\$49.00 Monthly Payment

Deep Tissue Massage Membership

\$59.00 Monthly Payment

Signed agreement required for prices

Membership includes one (60 min) massage per month

Additional massages can be added at prepaid rate plus \$5

Session Cancellation Policy: Please call 24 hours in advance if for some reason you are unable to make your scheduled apt. It is understood that emergencies happen but if last minute cancellations and/or no shows become disruptive to Selah Studio's schedule, Selah Studio reserves the right to charge \$35 per incident.

Membership Freeze: If you are going to be out-of-town, ill, or for any other reason know that you are not going to be able to use your membership for a minimum of 2 weeks at a time, Selah Studios will freeze your membership up to a maximum of 8 weeks.

Prepaid Fee will be billed to the card listed below on the 3rd of the month. This membership is in effect for _____ months beginning _____.

Monthly Membership Fee will be billed to the card listed below beginning on the 3rd of each month. This membership is in effect for _____ months beginning _____.

Credit Card Authorization

Type of card: _____ Card #: _____ Exp: _____ CCV: _____

Cardholder name: _____

Billing Address: _____

I hereby authorize Selah Studio to charge my card above per the terms of this agreement.

Signature: _____ Date: _____