

## PRINCETON PLASTIC SURGEONS PC LOYALTY MEMBERSHIP AGREEMENT

### Member Information:

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ e-mail address: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_

### Membership fees:

Enrollment fee: To establish membership, member agrees to pay a one-time enrollment fee of **\$99.00**. Enrollment fee is non-refundable.

Monthly fees for the membership are **\$30.00** per month. Monthly fees will be electronically collected on the 1<sup>st</sup> of every month. All members must provide their debit/credit card information as requested below. In the event we are unable to collect payment electronically, the member will be notified and payment must be made by other means, no later than the 15<sup>th</sup> day of the month in order to maintain privileges.

### Membership Terms:

- Under this agreement I agree to pay the total amount of \$129.00 at the time of enrollment, with \$30.00/month for 11 months totaling 12 months by means of automatic debit/credit. If I change financial institutions or if my credit card information has changed, I agree to provide Princeton Plastic Surgeons in writing, any and all information needed for the replacement
- I understand that this membership agreement is for a term of 12 months and will automatically continue after 12 months unless cancelled by the member.
- I hereby authorize Princeton Plastic Surgeons PC to effect payment for a one-time enrollment fee at the time of enrollment and monthly fees for the duration of my membership (12 months) by charging my debit/credit card I have provided above. This authorization is in full effect until Princeton Plastic Surgeons PC has received written notification from me by fax, or certified letter with at least 30 days notice.
- Princeton Plastic Surgeons PC has the right to suspend or terminate membership for non-payment of fees. I understand that I am responsible for all reasonable collection fees, court costs and attorney fees associated with any unpaid balances due according to this contract.
- If the member wishes to cancel his/her membership, you may cancel by delivering in person, or mailing by certified mail, to Princeton Plastic Surgeons PC at 106 Stanhope Street Princeton, N.J. 08540, a letter that states you do not wish to continue with this membership, with reason stated.
- I will be issued a membership card which will entitle me to enjoy the perks of this membership. I will present my card at each appointment and I am aware that this card cannot be used by anyone else.

- Members cannot freeze or transfer memberships.
- Perks cannot be combined with other offers including Brilliant Distinctions.

<p><b>Payment Summary:</b></p> <p>Total enrollment fee due today: \$129.00</p> <p>Monthly fees: (to be deducted on the 1<sup>st</sup> of each month) \$30.00</p> <p>Next billing date: _____</p> <p>Total if paid in full: \$360</p>	<p><b>Payment Authorization:</b></p> <p>Credit card: Visa/MC/AMEX/DISC</p> <p>Account number: _____</p> <p>Expiration date: _____ CDC _____</p>
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- By signing this agreement, I understand that this is a legally binding contract, and that I have agreed to maintain my membership for the period of time specified.
- By signing this agreement, I agree to all of the terms in this contract, and have received a completed copy.
- By signing this agreement, I authorize Princeton Plastic Surgeons PC to charge my account provided above, for monthly membership fees as described above.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date