

# Spa Mirbeau Wellness Membership **RENEWAL**

Member Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Second Member Name: \_\_\_\_\_

Membership Applied For:	Membership Length: Start _____ Expire _____	<b>FOR SPA USE ONLY</b>
<input type="checkbox"/> Individual	<input type="checkbox"/> 3 Months	
<input type="checkbox"/> Couple	<input type="checkbox"/> 12 Months Pay in Full	
	<input type="checkbox"/> 12 Months Installment	
Member Charge Account: (**Two Credit Cards must be left on file) <input type="checkbox"/> Yes <input type="checkbox"/> No		

_____	_____	_____	_____
Address	City	State	Zip
_____	_____		
Phone Number	Email Address		
_____	_____		
Emergency Contact Name	Emergency Contact Phone Number		

**THIS AGREEMENT IS  
EFFECTIVE UPON SIGNING  
AND CANNOT BE CANCELED  
BY MEMBER WITHOUT  
PENALTY.  
  
SIGNING BELOW ALSO  
STATES THAT YOU AGREED  
TO THE MEMBERSHIP RULES  
AND POLICIES.**

For Spa Mirbeau Use Only		
Membership Cost	\$ _____	Member
Total Paid	\$ _____	Acct #
Installment Due	\$ _____	_____
<b>Method of Payment</b>		
<input type="checkbox"/> Cash	<input type="checkbox"/> Check No. _____	
<input type="checkbox"/> Credit Card: Acct # _____		
Expiration Date: ___/___/___ Card Type: _____		
(2) Credit Card: Acct # _____		
Expiration Date: ___/___/___ Card Type: _____		

_____	_____
Member(s) Signature	Date
_____	_____
Please Print Name(s)	Date
_____	_____
Authorized Mirbeau Inn and Spa Club	Date