

## **Hair Expressions Facial Membership**

### **Facial Membership:**

- Gives loyal facial clients a discount on their monthly commitment with some additional perks
- \$72 will be charged to your credit card the 1<sup>st</sup> of each month (20% savings)
- Term of membership is 6 months
- The Facial must be used within each month. No roll-over services allowed.
- Memberships are non-transferable. Facial may only be used by the named member.

### **Membership Benefits:**

- One Signature Facial
- Receive a 2<sup>nd</sup> facial during the month for \$72
- Receive 10% off facial waxing or brow/lash tint during your appointment
- Receive one free area of facial waxing or brow/lash tint during your birthday month
- You may send in a new guest for a \$20 savings on their first facial
- Receive 10% off Bioelements products the day of your facial appointment

### **Cancellation policy:**

- Must give a 30 day written notice (letter or email) to cancel your membership
- You may cancel your scheduled facial without charge with a 24 hour cancellation notice
- Same day cancellations will be charged 100% of the scheduled service price
- If you fail to cancel or to show up for a scheduled appointment, you forfeit your facial service for the month and will be charged the full service price

### **Freezing a membership:**

- If you experience the loss of a job, extended illness, or temporary relocation, you may opt to freeze your membership for up to 3 months. During that time, your credit card will not be charged and you will not receive any services.
- To initiate a freeze, a Membership Freeze Form must be filled out in the salon.

I have read and agree to the terms of Hair Expressions Facial Membership. I have received a copy of the terms for my records. I understand that my credit card will be charged \$72 on the first day of each month. I understand that I have the entire calendar month to use my facial privileges and that I forfeit any unused facials.

Term of Facial Membership:

Starting month:

Ending month:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Cell \_\_\_\_\_ Home \_\_\_\_\_

Visa / Discover / Mastercard

# \_\_\_\_\_

Exp \_\_\_\_\_

CVC# \_\_\_\_\_

Sign \_\_\_\_\_

Date \_\_\_\_\_