



Cedar Stone Spa

Spa or Wellness Membership Registration Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Please check the Membership you will be purchasing and designate whether you will pay the membership in-full or convenient monthly payments.

- | | | |
|--|--------------------------|------------------------------------|
| <input type="checkbox"/> <i>Spa On-the-Go Membership</i> | <input type="checkbox"/> | <i>\$99 per month or</i> |
| | <input type="checkbox"/> | <i>\$564 total if paid in full</i> |
| <input type="checkbox"/> <i>Spa Therapeutic Membership</i> | <input type="checkbox"/> | <i>\$120 per month or</i> |
| | <input type="checkbox"/> | <i>\$684 if paid in full</i> |
| <input type="checkbox"/> <i>Cedar Stone Wellness Walk</i> | <input type="checkbox"/> | <i>\$165 per month or</i> |
| | <input type="checkbox"/> | <i>\$940 if paid in full</i> |

Payment information: You may pay with a credit card or an echeck. Please enter Credit Card or Checking Account information below. Monthly payments will be processed on the 1st of each month.

Credit Card: Name on Card: _____
 Card Number _____
 Expiration Date: _____ CVV _____
 Zip Code (Billing Address) _____

Banking Information: Bank Name: _____
 Name on the Account _____
 Routing Number: _____
 Account Number: _____
 Phone Number (On the Account) _____

Mail Sign-up form to:
Cedar Stone Spa, 1832 S. Main St. Harrisonburg, VA 22801 540-437-0411
 or email sign-up form to appointments@cedarstonespa.com
www.cedarstoneschoolofmassage.com