

## **MEMBERSHIP CONTRACT**

A valid ID and credit card or bank account information is required to enroll in The DOCTORS Center Wellness program.

Membership contracts are month-to-month agreements and will be auto drafted from your credit card or bank account every month with your signed consent. If you've chosen to pay in full the discounted yearly rate; your credit card or bank account will be auto drafted yearly.

I understand that all drafted fees are non-refundable and non-transferable.

I understand that if I wish to cancel my membership in The DOCTORS Center Wellness program, I must submit **IN WRITING** my wish to cancel. Cancellation forms are provided upon request.

I also understand from the date of receipt of my cancellation letter by The DOCTORS Center Wellness, that it will take **30 BUSINESS DAYS** for my membership fees to be terminated.

The DOCTORS Center Wellness reserves the right to cancel any membership at any time.

The DOCTORS Center Wellness reserves the right to adjust membership fees and services with a 30 day written notice.

I have read and fully understand the terms and conditions regarding The DOCTORS Center Wellness monthly and yearly memberships.

## NAME (Please print clearly)

## SIGNATURE

DATE

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