

Schedule online at :  
thrivemilpitas.com



**THRIVE**  
*Milpitas*  
a Kauffman Chiropractic, Inc.

**THRIVE Maintenance membership will allow members the following:**

- **50% off Chiropractic Exams (Up to a \$60 value).**
- **Chiropractic Therapy Discounted to \$55 (\$10-\$30 Off)**
- **Add-on Chiropractic Adj. ONLY (on Same day as Massage) \$39**
- **Additional Massages at Discounted Rate (\$15 OFF=\$70)**
- **Avoid Extra Paper Work**
- **10% Savings on all products including supplements, pillows, orthopedic supports etc.**
- **Upgrade Levels with no extra setup fees**
- **One-time complimentary Membership Freeze up to 3 mos**

I \_\_\_\_\_  
Authorize Thrive Milpitas to set up the additional \$ \_\_\_\_\_ in monthly recurring payments for the remainder of my membership for the Thrive Relaxation Program. This automatic payment program and monthly bank debit will continue uninterrupted on a month to month basis as indicated above. To cancel the ongoing Wellness Program EFT, simply pick up a cancellation form at the front desk and deliver or mail it to the business office address indicating in writing that the next month is your last. There is a 30 day cancellation period from when the form is mailed to when membership is canceled. An additional no show fee of \$40 may be added for appointments canceled without 24 hours notice. You may redeem your missed massage if the no show fee is paid.

Initial \_\_\_\_\_

Every Body Needs to THRIVE  
Relaxation Agreement

## Start Feeling Great

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS MEMBERSHIP AGREEMENT, NORMAL FEE SCHEDULE AND CONSENT TO TREATMENT WITH THRIVE MILPITAS. I AGREE TO BECOME A THRIVE MASSAGE PROGRAM MEMBER. I AUTHORIZE THRIVE TO ELECTRONICALLY DEDUCT (EFT) OF MY MONTHLY DUES OR ANY PAST UNPAID DUES FROM THE ACCOUNT I USED TO PAY THE DEPOSIT. THE DEDUCTIONS MAY BEGIN ON THE ABOVE DATE AND CONTINUE UNTIL MY MEMBERSHIP IS TERMINATED, CANCELED OR I CONTACT IN WRITING TO STOP. I UNDERSTAND AND HAVE BEEN EXPLAINED THE **NO REFUND POLICY**. I AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Developing Strong Pain-Free People

Member's Name \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Additional Family Members

Name \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone Home \_\_\_\_\_ Mobile \_\_\_\_\_

### Charges

First Month \$ \_\_\_\_\_

Last Month \$ \_\_\_\_\_

Set U p \$ 25.00

Total Paid \$ \_\_\_\_\_

## No Commitment Cancel anytime

## Relax and Indulge



### THRIVE Member

**1 Hour**

**\$69**

### Signature Member

**2 Hour**

**\$130**

### Platinum Member

**4 Hours**

**\$240**

## You Deserve to Feel This Good

### EFT AUTHORIZATION

Monthly EFT Dues \_\_\_\_\_ Begins \_\_\_\_\_

Card type \_\_\_\_\_

Bank Name \_\_\_\_\_

Name on Card \_\_\_\_\_

Number

Expires \_\_\_\_ / \_\_\_\_ Billing Zip Code \_\_\_\_\_

### **Massage Gift Certificates**

Buy 5 regular price massages

Get **1 Hour Free**

Buy 10 regular price massages

Get **3 Hours Free**