

Schedule online at :
thrivemilpitas.com



Every Body Needs to THRIVE
Relaxation Agreement



THRIVE
Milpitas
a Kauffman Chiropractic, Inc.

THRIVE Maintenance membership will allow members the following:

- **50% off Chiropractic Exams (Up to a \$55 value).**
- **Chiropractic Therapy Discounted to \$55 (\$10-\$30 Off)**
- **Add-on Chiropractic Adj. ONLY (on Same day as Massage) \$49**
- **Additional Massages and Gift Certificates for 10% OFF (\$80/hour or \$120/90 min.)**
- **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 _____

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 Up \$ 25.00

Total Paid \$ _____

No Commitment Cancel anytime



THRIVE Member

1 Hour

\$75

Signature Member

2 Hours

\$140

Platinum Member

90 Minute

\$110

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