



Monthly Membership
Begin \$30 charge: _____
Therapist: _____

**SomaSense Bodywork
Credit Card Authorization Form**

Please complete all fields

Date: _____

Cardholder's Name: _____

Credit Card **(circle one)**: Visa MasterCard AmEx Discover

Card Number: _____

CVV#: _____ Expiration Date: _____

Billing Address: _____

Phone Number: _____ Email: _____

I authorize SomaSense Bodywork to charge the credit card listed above in the amount of \$30.

Signature: _____ Date: _____

SomaSense Bodywork Membership Enrollment

My signature below confirms that I am enrolling in the SomaSense Bodywork Membership Program. I authorize SomaSense Bodywork to charge the credit card listed above in the amount of \$20 monthly.

The credit card listed above will be charged between the 1st and 5th of the month.

I agree, that as the cardholder, I will receive a **minimum of 2 massages** in the membership before I can cancel and credit will accumulate for up to 2 months. **Initial [____]**

The two massages I receive will be performed on separate dates.

To cancel this program, 30 day advanced written notice is required.

Print Name: _____

Signature: _____ Date: _____