



The Glow Up Membership

At Enhance Aesthetics



Membership Start Date: _____

"The Glow Up" Membership Agreement

This membership agreement between Li Plastic Surgery and Enhance Aesthetics, and _____ (Member Name) shall be effective on the date of ____/____/____.

Benefits will become available after the above billing date each month.

MEMBERSHIP INCLUDES:

1. 13.3 units of Xeomin or Jeuveau banked each month (for a total of 40 units every 3 months)
2. Units accrued in The Glow Up membership are not transferrable or shareable.

Member Benefits:

1. 13.3 units of Xeomin or Jeuveau banked per month (for a total of 40 units every 3 months)
2. Receive a Xeomin or Jeuveau treatment within 3 months of last treatment
3. Additional units can be purchased at a discounted price of \$9 per unit.
4. 10% off skincare services quarterly including lasers, facials, and peels (not including skincare products or additional units of toxin)
5. May also use coupons from Evolus (Jeuveau) or Xperience (Xeomin) towards additional units not prepurchased in membership
6. Toxin units do not expire

Membership:

- This Agreement is personal to the member and may not be assigned, transferred or otherwise disposed of by the member.

Automatic Payment Agreement:

- Monthly membership payments shall be made in advance by direct debit from the member's designated credit/debit account. This information will be kept on file by Li Plastic Surgery and Enhance Aesthetics. Either party may cancel the membership at any time by giving written notice to the other party. A total of \$100 will be auto withdrawn from designated card on billing date every month.
- Annual fee of \$400 will become due 1 calendar year after effective date. Annual fee will be automatically withdrawn on ____/____ of each year.
- This information will be kept on file by Li Plastic Surgery and Enhance Aesthetics. Either party may cancel the membership at any time by giving written notice to the other party.

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- Li Plastic Surgery and Enhance Aesthetics reserves the right to review subscriptions periodically. Members will be given at least 30 days' notice in writing of any changes, which include: (i) any increase in membership fee, (ii) change in date of automatic withdrawal.
- No refunds are available after automatic payment has been issued.

Termination or Suspension of Membership:

1. Li Plastic Surgery and Enhance Aesthetics reserves the right at any time to cancel or suspend the membership of any member in the event of the following:
 - The member commits a serious breach of this Agreement and/or Li Plastic Surgery and Enhance Aesthetics Rules and Regulations.
 - Where any monies are due to Li Plastic Surgery and Enhance Aesthetics by the member remain unpaid for 30 days after its due date for payment
 - The member knowingly provides false details when applying for membership and the false declaration would have reasonably affected Li Plastic Surgery and Enhance Aesthetics decision to grant the membership.
 - If Li Plastic Surgery and Enhance Aesthetics terminates for any reason, they reserve the right to retain any monies received to cover any reasonable costs they have incurred as a result.
 - Units accrued up until cancellation may be used at any time.
 - Example: If you cancel your membership after 2 months of being in membership, you will have 26.6 units in your bank that can be used any time, but additional benefits will be lost (including 10% off skincare services quarterly).

Terms and Conditions:

1. Li Plastic Surgery and Enhance Aesthetics reserves the right to vary, add or eliminate any of the particular services and facilities provided them from time to time.
2. Li Plastic Surgery and Enhance Aesthetics reserves the right to modify facility hours with or without notice.
3. Membership discounts may not be combined with any other promotional offers at Enhance Aesthetics

"The Glow Up" Membership Agreement

Credit Card Authorization:

Type of Card: _____

Card Number: _____ -- _____ -- _____ -- _____

Expiration Date: _____ / _____

CCV Code (three digits on back of card): _____

Cardholder Name: _____

Zip Code _____

I hereby agree to this membership agreement and authorize Li Plastic Surgery and Enhance Aesthetics to charge my card above per the terms of this membership agreement.

Print Name/Date _____ / _____

Signature/Date _____ / _____