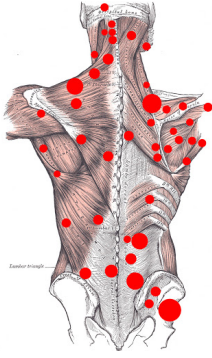


# Clinical Massage Therapy



**CMT Rocklin**  
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Rocklin, CA 95765  
Office: 916.259.2510  
Fax: 916.259.2511  
Admin@cmtca.org

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## Medical Massage Membership Agreement

The following contains the terms of a Membership agreement between Clinical Massage California Inc DBA **Clinical Massage Therapy** and (Member Name)

\_\_\_\_\_ on (Date)\_\_\_\_\_.

1. Memberships are billed monthly at the rate of **\$89.00**.
2. Membership dues are paid by monthly automatic electronic payments (credit card or debit card) starting on the date of sign-up and will reoccur until notice of cancellation is received.
3. This membership requires an active medical referral or letter of medical necessity from a physician.
4. This Membership may be canceled by providing written notice, in person at the Rocklin location or by email to **Membership@clinicalmassagerocklin.com**. The member agrees to submit cancellation by a minimum of 10 days prior to the next billing date in order to avoid the next scheduled payment. Without 10 days' notice **Clinical Massage Therapy** cannot guarantee payment will not occur as scheduled.
5. Upon Membership cancellation, a member has 60 days to redeem unused Treatments.
6. A member will receive **one 60-minute Treatment** per month with Membership and additional Treatments in the same billing cycle at \$79 each
7. While a Membership is active, unused Treatments may be rolled over for use by the member (not transferrable except as allowed per #8 below).
8. Member may transfer Treatments to a friend or family member twice per year.

8. Member may purchase Treatments for friends and family at the Membership rate (\$89.00) twice per year.
9. Any credit on a member's account is redeemable for Treatment only and is not redeemable as cash.
10. Add-Ons may be provided at no additional charge. Add-Ons include:
  - a. Hot Stones
  - b. Heat Therapy
  - c. Cold Stones
  - d. Cold Therapy
  - e. Aromatherapy
  - f. Prossage®
  - g. Biofreeze®
  - h. Hand, foot, face, or scalp massage
11. Membership valid at any location.
12. Members are required to notify **Clinical Massage Therapy** of changes in their billing information three days prior to the next scheduled billing date. Members may do so by phone or by emailing **Membership@cmtca.org**
13. Members are required to notify **Clinical Massage Therapy** of any changes in address, email, or phone number. Members may do so by phone or by emailing **Membership@cmtca.org**
14. All clients under 18 years of age must have written parental consent for Treatment to be provided. All clients under 16 years of age must be accompanied by a parent or guardian during Treatment.
15. Members are asked to arrive 10 minutes before your scheduled appointment time to prepare for a full Treatment.
16. **Clinical Massage Therapy** reserves the right to change clinic rules, regulations, and pricing at any time upon providing reasonable notice.
17. You may cancel your appointment without charge with a 24-hour notice preceding your scheduled Treatment.
18. Same day cancellations will incur a late cancellation fee \$40 charged to the card on file.

19. If you do not call to cancel or do not arrive for your scheduled appointment, you will forfeit a prepaid Treatment, if available, or be charged at the additional Treatment rate of \$79.
20. The Member may pause their Membership for periods up to three months with written notice delivered in person or via email to [Membership@cmtca.org](mailto:Membership@cmtca.org). After the third month active Membership resumes and automatic payments begin to recur.
21. Memberships are non-transferable
22. Insurance billing services are not included with this Membership. Should a member obtain verification of coverage for medical massage, **Clinical Massage Therapy** will pause or cancel the Membership depending on a member's individual circumstances.
23. All members agree to follow clinic rules and regulations including Treatment terms & conditions and accept the Clinical Massage Therapy has the right to refuse or discontinue Membership to any member for any reason.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Clinical Massage Therapy Representative Name: \_\_\_\_\_

Signature: \_\_\_\_\_