



55 Portion Road
Ronkonkoma, NY 11779
(631) 615-5000
www.olightbodybar.com

Chiropractic Individual Care Plan

This Membership Agreement (“Agreement”) is entered into by O Light Body Bar (“Organization”) and _____ (“Member”), and comes into effect as of _____, 202____.

1. Membership Benefits

As part of membership with O Light Body Bar the Member will receive the following

- a. Four (4) Chiropractic care visits as shown on menu as The Kraken Follow up (“plan visit”) per month for said Member
- b. Additional chiropractic care visits when requested at membership pricing, which is \$50 or \$75 for an extended visit for said Member
- c. Extended visits may be requested by using 2 plan visits or and upcharge of \$25 when plan visits are available at the request of said Member
- d. Member will be permitted to reschedule/cancel plan visits without a cancellation fee, but will notify office as soon as possible as a courtesy to scheduled provider
- e. Member will receive a Ten percent (10%) discount off products

2. Membership Dues

- a. Member agrees to pay Two Hundred Dollars (\$200) per month beginning at the time of sign up and on the first of every month (or the next business day where the first falls on a Sunday)
- b. Member agrees to provide credit card information to put on file and said dues will be paid by credit card on file as listed below unless paid prior to the first of the month by an alternate method
- c. Member agrees to notify Organization seven (7) days prior to payment due if Member wishes to cancel membership



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d. Should the Member's method of payment decline the Member will receive a Grace period of seven (7) days without penalty to update payment information and receive Membership Benefits. After seven (7) days, new Agreement will need to be signed to receive Membership benefits

3. Restrictions

- a. All plan visits must be used within the month and will not carry over to the next month
- b. All plan visits must be used by said Member and are not transferable
- c. Only 2 plan visits may be used at one time (per day) to request an extended visit. No extra extensions permitted for additional time

4. Liability

- a. The Member will not hold the Organization liable for any tangible or intangible damage that might happen to them while participating in the membership

Credit Card Authorization Form

Credit Card Information:
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other: _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date: (mm/yy) ____ / ____ Security Code: _____
Cardholder ZIP code (from billing address): _____

I, _____, authorize O Light Body Bar to charge my credit card upon membership sign up and the first of every month above for agreed upon membership purchase. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date