

PRODUCT MEMBERSHIP

I, the undersigned (the "Patient"), confirm that I have applied to participate in the Renew Dermatology – Product Membership (as defined below) and that I have read, understand and agree to the attached Renew Dermatology Terms and Conditions which are incorporated by reference into this patient Certification. I understand that, once accepted by Renew Dermatology, this patient certification and Agreement constitutes my binding agreement to participate in the Renew Dermatology Product Membership.

TERMS and CONDITIONS

- 1) This membership will provide a 10% or more discount on all products offer by Renew Derm.
- 2) I authorize Renew Dermatology to bill and collect participation fees for myself and all of the Participating Family Members (listed below) as set forth in the Agreement. I understand that I may terminate the agreement within thirty (30) days of the annual expiration date that is three hundred and sixty-five days (365) from the date started listed below. **THIS IS AN ANNUAL RE-OCCURRING AGREEMENT THAT WILL CONTINUE EACH YEAR.**
- 3) Terms Offered 1 year \$29.95 Lifetime \$89.95 1 year no re-occurring \$64.95
- 4) Participation fees when paid are non-refundable.
- 5) I understand that I am the Responsible Family Member for everyone listed below who is a Spouse or Child 26 years or younger. As a child ages until the age of 27 years of age at that time they will be removed immediately, and Date of Birth must be list on this application.

(Print) Participating Family Name: _____

(Print) Yourself: _____ DOB: _____

(Print) Spouse: _____ DOB: _____

(Print) Child: _____ DOB: _____

(Print) Child: _____ DOB: _____

(Print) Child: _____ DOB : _____

(Print) Child: _____ DOB: _____

- 6) I understand that my participation in the Product Membership is subject to written approval of Renew Dermatology which may be granted or withheld in its sole discretion. The effective date of any such approval (as set forth below) shall be the effective date of my participation in the Program ("Effective Date").
- 7) Credit Card, Checking or Savings account information will be provided to Renew Dermatology at the time of purchase for future Reoccurring transactions by charging one dollar (\$1.00) or more as part of original sale. Patient is responsible for providing update information as needed.

Printed Name of Patient: _____

Signature of Patient or Patient's Legal Representative: _____

Date of Signature _____

Program Application Accepted by Renew Dermatology: Date of Acceptance into Membership:
