

# RENEW DERMATOLOGY 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 below Renew Dermatology Terms and Conditions which are incorporated by reference into this binding legal document. I understand that, once accepted by Renew Dermatology, my participation and benefits of receiving discounts along with this Agreement constitutes my binding agreement to participate in the Renew Dermatology Product Membership for the next year.

## TERMS and CONDITIONS

This membership will provide a 10% or more discount on all products offered by Renew Dermatology including but not limited to Botox, Filler, and/or skin care products sold at this location.

I authorize Renew Dermatology to bill and collect participation fees for myself and all 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 and that this request **MUST BE SUBMITTED IN WRITING**; that will be due on the **20<sup>th</sup>** of the same month when this Agreement was initiated as determined from the date started below.

**BY SELECTING THE ANNUAL RECURRING OPTION, YOU UNDERSTAND THAT THIS IS AN ANNUAL RE-OCCURRING AGREEMENT THAT WILL CONTINUE TO BE BILLED EACH YEAR UNLESS CANCELLED. IF YOUR CARD IS TO DECLINE AT ANY TIME FOR THE RECURRING PAYMENT ON YOUR MEMBERSHIP PLAN, YOU WILL NOT BE ABLE TO RENEW YOUR MEMBERSHIP AT THE RECURRING RATE, ONLY THE LIFETIME OPTION OR NON-RECURRING OPTION WILL BE AVAILABLE TO YOU.**

## Terms Offered (please mark one)

1 year \$29.95    Recurring Annually    Lifetime \$89.95    1 year non re-occurring \$64.95

\*\*\*\*\*Participation fees are non-refundable.

I understand that I am the Responsible Family Member for everyone listed below who is a Spouse or Child 26 years or younger. Children 27 years of age or older will be removed and Date of Birth must be listed on this application.

(Print) Yourself: \_\_\_\_\_ DOB: \_\_\_\_\_

(Print) Spouse: \_\_\_\_\_ DOB: \_\_\_\_\_

(Print) Child: \_\_\_\_\_ DOB: \_\_\_\_\_

(Print) Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Credit Card 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 updated 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: \_\_\_\_\_