

MEMBERSHIP SIGN-UP FORM

Please write legibly to prevent delays in processing.



RESTORE
at
Sweetgrass
PLASTIC SURGERY

Full Name :

E-Mail :

Phone :

Date Of Birth :

Home Address :

Address :

Emergency Contact Name :

Emergency Contact Number :

MEMBERSHIP OPTIONS

SURGICAL PATIENT
COMPLIMENTARY 6 MONTH MEMBERSHIP

\$500 12 MONTH MEMBERSHIP
\$500 CREDIT INCLUDED. VALID AT
SWEETGRASS PLASTIC SURGERY & SPA

\$300 6 MONTH MEMBERSHIP
\$300 CREDIT INCLUDED. VALID AT
SWEETGRASS PLASTIC SURGERY & SPA

\$150 3 MONTH MEMBERSHIP
\$150 CREDIT INCLUDED. VALID AT
SWEETGRASS PLASTIC SURGERY & SPA

\$75 1 MONTH PASS*

\$40 1 WEEK PASS*

\$20 1 DAY PASS*

*THESE MEMBERSHIPS DO NOT INCLUDE
CREDIT TO SWEETGRASS PLASTIC
SURGERY AND SPA*

PAYMENT INFORMATION

Name On Card :

Credit Card Number :

Expiration Date : CVV : Zip Code:

By signing below, you authorize Sweetgrass Plastic Surgery to charge the credit card above for the selected amount.

Signature _____

Date _____