

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 :

Emergency Contact Name:

Emergency Contact Number :

MEMBERSHIP OPTIONS

☐ **SURGICAL PATIENT**

COMPLIMENTARY 6 MONTH MEMBERSHIP

☐ **\$989.99 12 MONTH MEMBERSHIP**

\$500 CREDIT INCLUDED WITH PURCHASE

☐ **\$550 6 MONTH MEMBERSHIP**

\$250 CREDIT INCLUDED WITH PURCHASE

☐ **\$275 3 MONTH MEMBERSHIP**

\$100 CREDIT INCLUDED WITH PURCHASE

☐ **\$99.99 1 MONTH PASS***

\$25 CREDIT INCLUDED WITH PURCHASE

☐ **\$40 1 WEEK PASS***

☐ **\$20 1 DAY PASS***

*CREDIT VALID FOR THE LENGTH OF MEMBERSHIP
PURCHASED*
NON-TRANSFERABLE

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 _____

VALID ONLY AT DANIEL ISLAND LOCATION
877 ISLAND PARK DR SUITE 210, DANIEL ISLAND,
SC 29492