

**IV MEMBERSHIP AGREEMENT**

MEMBERSHIP OPTIONS

3 MONTH MEMBERSHIP $50/month/person (15% Off - Services)

6 MONTH MEMBERSHIP $50/month/person (25% Off – Services & 15% Off Products)

12 MONTH MEMBERSHIP $50/month/person (30% Off Products & Services)

**MEMBERSHIP TERMS & CONDITIONS**

**Automatic Payments:** By signing up for this membership, you agree to automatic monthly payments for the duration of your chosen membership term. **Cancellation Policy:** You may cancel your membership at any time. However, a cancellation fee will apply as follows:50% of the remaining membership term at the time of cancellation. **Cancellation Process:** To cancel your membership, you must notify us in writing (email or letter). Your cancellation will be effective immediately upon receipt of your notice. **Refunds:** No refunds will be provided for membership fees already paid, except as required by law. **Changes to Terms:** We reserve the right to modify these terms and conditions at any time. Any changes will be communicated to you via email or through our website. **Exclusions:** Product discounts exclude “7 Day Turnaround” packs. **Contact Information:** For any questions regarding your membership or these terms, please contact Amanda Romero, RN (602) 837-6077 (call or text), by email at [mannamobilemed@gmail.com](mailto:mannamobilemed@gmail.com) or visit our website [www.mannamobilemedical.com](http://www.mannamobilemedical.com) [www.manha.group](http://www.manha.group)

By signing up for this membership, you acknowledge that you have read, understood, and agree to these terms and conditions. **Members, please list your address, phone number, email and credit card information on the backside of this agreement.**

Membership Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Membership End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Invoice Start & Automatic Payment Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_