



Aesthetic Medicine Center

HinsdaleSpa.com

Membership Application Form

First Last

Name: _____

Email: _____

Phone: _____

Address: _____

MEMBERSHIP PLANS

SILVER: (\$59/month) Discounted price for Facials or Massages

GOLD: (\$75/month) Discounted price for Injectables of (Jeuveau, Botox or Dysport)

PLATINUM: (\$100/month) All Restylane Fillers, Jeuveau, Botox or Dysport)

DIAMOND: (225/month) Discounted price for all Services

CREDIT CARD

NUMER _____ EXPIRATION _____ CVV _____

VALID

ID _____ EXPIRATION _____ STATE _____

We are offering a minimum 6 month membership. To apply, please complete and submit the membership application form. For more information about our cost saving plans please call and any staff member can assist you. All memberships will automatically be renewed after 12 months.

Signature _____ Date _____

Witness _____ Date _____