



PERSONAL INFORMATION (Main Member) **BOTANICA CIRCLE MEMBERSHIP APPLICATION FORM**

MR MISS MRS MS DR Date _____
First Name _____ Last Name _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Email Address _____ Date of Birth _____
Marital Status Single Married Separated Divorced Widowed Wedding Anniversary _____
Name of Spouse (First Name) _____ Last Name _____

TYPE OF MEMBERSHIP

Membership Level:
 Gold Platinum
Membership Information:
 Individual Family
Membership Fees:
 One-time Payment Monthly Payment



*Please submit Picture(s) of all members with completed membership form.
If purchasing a family membership, please List all the additional names below: (Up to 3)

1) First Name _____ Last Name _____
Relationship to "Main" Member _____ Date of Birth _____
2) First Name _____ Last Name _____
Relationship to "Main" Member _____ Date of Birth _____
3) First Name _____ Last Name _____
Relationship to "Main" Member _____ Date of Birth _____

MEMBERS DECLARATION

I have read and understood the terms and conditions governing Spa Botanica and the Embassy Suites Charlotte-Concord Golf Resort & Spa and agree to abide by them. I understand that the membership is personal and for the duration specified, and also that the membership fees **will not** be refunded, transferred or extended beyond expiry under any circumstances (such as illness, travel, relocation, etc). I confirm that the information I have given on this application form is correct and I hereby apply to be considered for membership at Spa Botanica. I understand that Spa Botanica and The Embassy Suites Charlotte-Concord Golf Resort & Spa reserves the right to decline this application at its discretion.

Signature _____ Date _____

I agree to the Terms & Conditions.

If you choose to submit this form electronically, via email, please type your full name in the signature line and check the box to agree.

* When you have finished this form, please mail it to Spa Botanica, 5400 John Q. Hammons Dr. NW, Concord, NC 28027, email it to Cltcc.spa@jgh.com or bring it to directly to the Spa Guest Coordinator.

SPA USE ONLY

Date Application Received _____ Date Fees paid _____ Membership Fees: One-Time Monthly
Membership Start Date _____ Membership End Date _____ If monthly, date billed _____
Initiation Fee _____

Spa Botanica Circle Membership Terms & Conditions

- 1) Administration:
 - a. Memberships are **not refundable** and are **non-transferable**.
 - b. Early termination fees do apply.
 - c. Photo I.D. cards (I.e. Student ID card, drivers license) must be carried and shown upon request.
 - d. Spa Botanica "Botanica Circle" members are responsible for their membership card. Shared access with a non-member will result in forfeiture of membership effective immediately. Early termination fees do apply.
 - e. Each member must respect other clients and guest and behave in an appropriate manner at all times.
 - f. Spa Botanica staff reserve the right to rescind the rights of members not complying with the terms and conditions of the membership.
 - g. No one under the age of eighteen years (18) will be permitted to enter the spa without a parent's agreement and consent, under any circumstances.

- 2) Initiation Fee
 - a. A one-time initiation fee applies to all new members
 - b. The initiation fee entitles the member to renew or restart their membership fee within a twelve month (12) period following the expiration of their membership.
 - c. The Initiation fee \$30 per new member and \$20 per additional family member.

- 3) Term Memberships
 - a. Term memberships are 6 or 12 month memberships that have a start and end date.
 - b. Gold – 6 month membership: \$65 per month or a one-time payment of \$390
 - c. Platinum – 12 month membership: \$55 per month or a one-time payment of \$660.

- 4) Additional Expenses
 - a. Gratuity is not included in the membership price for the first "core" service. We ask that you take care of our staff and we recommend that the customary 20% gratuity (based on the full price of service) be left for the therapist.
 - b. Each Additional service received will automatically included 20% gratuity.
 - c. Additional gratuities are at your discretion.

- 5) Credit Card Authorization Form
 - a. With the membership form you will also be required to completely fill out and submit a Credit Card Authorization Form to our Accounting department. Fax number 704.454.1799.
 - b. This form gives Spa Botanica and The Embassy Suites Charlotte Concord Golf Resort the ability to deduct the monthly membership fee from your account.

- 6) Membership Cards
 - a. Each Member will be given a membership card.
 - b. All members must present their membership card at reception prior to any treatments at Spa Botanica.
 - c. Replacement cards are available at the spa reception for an additional fee of \$10.

- 7) Cancellation Policy
 - a. If you need to cancel or reschedule an appointment, we ask that you notify us at least 24 hours in advance.
 - b. A charge of 50% will apply if less than 24 hours notice is given for change or cancellation
 - c. A charge of 100% charge or forfeit of that months "first core" service will be applied for reserved services if you "NO show".
 - d. All spa packages or appointments for parties of 3 or more require a 72 hour notice for cancellation or changes.
 - e. Groups of 4 – 10 require one week (1) and groups of 11 + require 2 weeks (2).



Credit Card Payment Authorization Form

Please complete all areas below and submit the signed and dated form to the following fax number: 704.454.1799

For Spa Use Only:

Group Name:	
Event Name:	
Name of Person Making Reservations:	Phone:
Authorized amount:	Date:

Cardholder: Please complete the following section. Sign and date at the bottom of this form.

Cardholder Name: (Exactly as it appears on the credit card)				
Cardholder Billing Address:				
City:	State:	Zip Code:		
Daytime/Business Phone:		Evening Phone:		
Credit Card Type: (Circle One)				
Visa	MasterCard	American Express	Discover	Other
Credit Card Number:			Expiration Date:	
Credit Card Issuing Bank Name:			Bank Phone:	
I agree to cover, and pay for, the above categories of charges (services) up to a maximum amount of \$ _____				

Note: Charges for group deposit will be charged immediately.

Amount to be immediately charged to credit card for spa group deposit: _____

Final Balance Billed to the Credit Card (hotel use only): _____

By signing below, you authorize the hotel and Spa Botanica to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" listed above. Your further acknowledgement that if "all charges" has been selected, then all guest/group related charges (less deposit) will be charged to the above card number at the time of check-out or event conclusion.

Cardholder Signature: _____

Date: _____