Date	
Employee	_



## Makeup Membership Form

[Name]				
[Email]				
[Phone Number]	[Birthday]			
[Credit Card Number]		[Security Code]	Expiration	[Billing Zip Code]

## **MEMBERSHIP TERMS**

A membership fee of \$90 will be charged to the card listed on this form approximately the first day of each month. The membership affords the member, person listed on this form, the following benefits:

- 2 Full Face Makeup Applications each calendar month
- 1 Complimentary Full Face Makeup Application, that can be used only in the month of the birthday listed on this form

Membership makeup applications are not transferrable. Membership makeup applications do not roll over if they are unused during the current calendar month.

## **HOLDS**

Memberships may be put on hold for a total of two months per calendar year. If a hold of more than two months is needed, the membership will be cancelled at the time of notification and any unused makeup applications for the current calendar month will be forfeited. To hold the membership, please send your name, phone number, email address and the dates you would like to hold the membership to info@blownawayraleigh.com.

## **CANCELLATION**

Memberships can be cancelled at any time. Upon cancellation, any membership makeup applications remaining for the current calendar month will be forfeited. To cancel the membership, please send your name, phone number, email address and the date you'd like to cancel to info@blownawayraleigh.com.

Blown Away, I	Inc. reserves the right to	make changes to th	ne terms of this i	membership agree	ement with 30
days' notice.		_			

By signing below I am verifying that I agree to	be bound by the terms of the membership.
Signature	