



## MVP MEMBERSHIP PLAN APPLICATION FORM

### APPLICANT INFORMATION:

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### MONTHLY PAYMENT TERMS:

- Membership fees are billed on a monthly basis, starting on the date of enrollment.
- Members must provide a valid credit or debit card for automatic payments.
- Membership may be terminated for non-payment.
- Members can update their payment method by contacting our office at (262) 746-9088.
- All payments are non-refundable.
- See the "MVP Membership Plan Terms and Agreement" for complete details.

### TERMS AND CONDITIONS:

I have read and agree to the MVP Membership Plan Terms and Agreement provided by Wisconsin Vein Center and Medispa.

Printed Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Membership Start Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ *(For office use only)*

Accepted:

WISCONSIN VEIN CENTER AND MEDISPA, S.C.

BY: \_\_\_\_\_ Date: \_\_\_\_\_