

## Monthly Membership Form

I hereby affirm that I will pay the amount of \$175.00 dollars per month due to be received by Genesis Total Care Ultra via credit card. Payment is due on the 1<sup>st</sup> of each month. This payment is agreed upon for no time less than a six-month period upon signature. A 10% discount can be applied if a 6 month period is paid in full at the date of agreement.

This allows \_\_\_\_\_ to a 2-hour session daily if so desired, no over-nights apply to this agreement or Sundays. Also if no one is in management of the EE System.

Client \_\_\_\_\_ date \_\_\_\_\_

Owner/Manager \_\_\_\_\_