

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 1st 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 _____