

# WELCOME TO THE HYDRAFACIAL MEMBERSHIP PROGRAM



## SUMMARY

- Enjoy a Hydrafacial once a month at a discounted rate!
- Hydrafacial members receive 50% off all Boosters and 5% off Advanced Skincare Services
- Dual Hydrafacial members receive 50% off all Boosters and 10% off Advanced Skincare Services\*  
 \*Advanced Skincare Services include IPL Photofacial, IPL Hair Removal, Microchanneling and Cryotherapy (Body & Face)
- A 30 day notice is required to cancel the program with one final month billing. All accumulated services will be automatically forfeited 90 days from this notification. Forfeited services are non-refundable.
- **Hydrafacial Membership Program requires a three (3) month commitment. If the Dual Hydrafacial Membership is terminated prior to 3 billing cycles, you will be charged the price difference of \$30 per session used for a maximum of two services.**
- Hydrafacial Membership sessions **can not** be exchanged or used as credits for any other LaVida services.
- A Hydrafacial session allows for five minutes of consultation and undressing and five minutes of dressing.
- Valid only at this location. Not valid with any other offer.

LaVida Massage of Smithtown  
 119 Terry Road • Smithtown, NY 11787

**631-979-9000**

[www.lavidasmithtown.com](http://www.lavidasmithtown.com)



Find us at: /lavidasmithtown

WALK-INS WELCOME  
 OPEN 7 DAYS A WEEK | EXTENDED HOURS

## HYDRAFACIAL MEMBERSHIP PROGRAM

Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_  
 (Your e-mail will never be sold)

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Cell Provider (Opt-In to Text Reminders): \_\_\_\_\_

Program Start Date (Today's Date): \_\_\_\_\_

Designate One (1) Family Member to Share: \_\_\_\_\_

### Payment Methods:

Visa  MasterCard  AMEX  Discover

Last four (4) digits of authorized credit card: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

### Select Program Type:

- Hydrafacial Membership - \$199.95 monthly
- Dual Hydrafacial Membership - \$189.95 monthly  
 (only when added to base LaVida Benefits Plan)

### Initial ALL boxes below after reading:

- I understand that each session above includes 5 minutes for therapist consultation and undress prior to my session, and 5 minutes to re-dress following my session.
- I understand that I may be charged a "No Show Fee" of \$35 if I fail to call and cancel my appointment (please give 24 hours notice whenever possible. Minimum of 12 hours notice required).
- I understand that canceling my membership requires a 30 day notice and any accumulated services will EXPIRE and be automatically forfeited 90 days from this notice. I understand that these forfeited services are non-refundable.

Terms & Conditions: Valid only at this location. Not valid with any other offer. Appointments must be canceled via phone with minimum of 12 hours notice to avoid any charges. By signing below I agree to the Hydrafacial Membership which requires a 3 month commitment. If the Dual Hydrafacial Membership is terminated prior to 3 paid billing cycles, you will be charged the price difference of \$30 per session used for a maximum of two services. Hydrafacial Membership sessions can not be exchanged or used as credits for any other LaVida services. I authorize LaVida Massage and mindbodyonline.com to process ACH/credit card transactions from my account, listed above, once a month. Should I have insufficient funds at the time of deduction, I agree to pay a \$15 service fee to LaVida Massage which will automatically be deducted from my account. I understand that declines of my autopay for two consecutive months may result in automatic termination of my membership and I may have to pay a re-enrollment fee of \$39.95 to reinstate my benefits or unused sessions. I understand that this authority will remain in effect until proper procedures are followed to cancel this Benefits Program. Your email address will never be sold. Terms and agreement are subject to change.

Enrollment Notes: \_\_\_\_\_

Signature: \_\_\_\_\_  
 (Cardholder)

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

Member Signature: \_\_\_\_\_  
 (if different from the card holder)

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

Read Terms & Conditions: \_\_\_\_\_  
 (Initial)

Employee Signature: \_\_\_\_\_  
 (Witness) 1/2026