

# MEMBERSHIP SIGN-UP FORM

Please write legibly to prevent delays in processing.



RESTORE  
at  
Sweetgrass  
PLASTIC SURGERY

Full Name :

E-Mail :

Phone :

Date Of Birth:

Home Address:

Address:

Emergency Contact Name:

Emergency Contact Number :

## MEMBERSHIP OPTIONS

**SURGICAL PATIENT**  
COMPLIMENTARY 6 MONTH MEMBERSHIP

**\$989.99 12 MONTH MEMBERSHIP**  
\$500 CREDIT INCLUDED WITH PURCHASE

**\$550 6 MONTH MEMBERSHIP**  
\$250 CREDIT INCLUDED WITH PURCHASE

**\$275 3 MONTH MEMBERSHIP**  
\$100 CREDIT INCLUDED WITH PURCHASE

**\$99.99 1 MONTH PASS\***  
\$25 CREDIT INCLUDED WITH PURCHASE

**\$40 1 WEEK PASS\***

**\$20 1 DAY PASS\***

*\*CREDIT VALID FOR THE LENGTH OF MEMBERSHIP  
PURCHASED\*  
\*NON-TRANSFERABLE\**

## PAYMENT INFORMATION

Name On Card :

Credit Card Number :

Expiration Date :  CVV :  Zip Code:

By signing below, you authorize Sweetgrass Plastic Surgery to charge the credit card above for the selected amount.

Signature \_\_\_\_\_

Date \_\_\_\_\_

VALID ONLY AT DANIEL ISLAND LOCATION  
877 ISLAND PARK DR SUITE 210, DANIEL ISLAND,  
SC 29492