

## CCN WELLNESS MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own    Rent <i>(Please circle)</i>	Monthly payment or rent:	How long?

### EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly    Salary <i>(Please circle)</i>	Annual income:

### EMERGENCY CONTACT

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

### SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:		
Date of birth:	SSN:	Phone:

### SPOUSE EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly    Salary <i>(Please circle)</i>	Annual income:

### REFERENCES

Name	Address	Phone

### CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

Name	Name
Name	Name

### SIGNATURES

ALL TERMS AND CONDITIONS OF CANCER CONCIERGE NETWORK WELLNESS CENTER MEMBERSHIP IS ATTACHED AS EXHIBIT "A" TO THIS APPLICATION (CCN Wellness brochure with insert of benefits). Your signature below authorizes CCN to debit your card \$65.00 every First Wednesday of the month to cover the cost of your membership. *(Please attach a copy of your credit card to this application.)*

Signature of applicant:  
 Signature of spouse *(only if for a joint membership)*



## CANCER CONCIERGE NETWORK, INC. aka CCN WELLNESS CENTER'S CREDIT CARD AUTHORIZATION FORM

*As the credit card holder, I hereby authorize CCN to charge my credit card for services provided as clearly defined in CCN terms of membership. I understand and agree that CCN will charge my credit card at time of membership monthly charge due of \$65.00 in order to continue my membership with Cancer Concierge Network, Inc. aka CCN Wellness Center for their services of membership. I understand that CCN does not provide medical advice and is not responsible for any liability of the independent contractor providing services of membership and client indemnifies CCN of any liability. Our Mission is to Guide, Educate and Refer to alternative/holistic providers to assist client's choice of services*

to discover their Pathway to Wellness. I hereby agree that all CCN's fees, processing costs and terms of membership have been clearly explained to me by CCN. I hereby agree not to contest the credit card charges in the form of a chargeback with my credit card company.

Credit Card Number:

CVV (3 digit code on back of card or 4 digit code on front of card if AMEX):

Expiration Date:

Name of Cardholder:

**Credit Card Billing Address:**

Address:

City:  State/Province:  Zip/Postal Code:

Country:

Phone:  Ext:

Cardholder's Signature: \_\_\_\_\_ Date:



**Recurring Billing Authorization Statement: (Optional)**

As the credit cardholder, I also authorize CCN to keep my credit card on file for future services authorized by me:

Yes -Print First & Last Name:  Sign Here: \_\_\_\_\_



\_\_\_\_\_ has our Firm's/Company's permission to keep our corporate credit card on file for future orders authorized by members of our staff:

Yes - Print First & Last Name:  Sign Here:



1965 E. 21st Street, Signal Hill, CA 90755 (562)342-6830

## JOIN

**CCN Wellness Membership**  
Initial \$50 donation to CCN\*

Receive:

*Any holistic treatment every month*  
*\$65.00*

Discount on multiple monthly  
treatments, classes/workshops

## HOST

Wellness Party or Retreat  
Earn FREE services & products

## ATTEND

Wellness Classes/Workshop  
*See Calendar online*

## DONATE

**CCN Community Donation:**

*Donation will provide for Gifts of Hope to those in need via a scholarship award.*

**Direct Donation:**

*A direct donation enables the donor or the donee recipient to choose their own "Gifts of Hope" consisting of any of CCN's Preferred Providers' services. Gifts of Hope can be banked with CCN until the donee chooses to use it.*

**CCN Donation:**

*Donation will go to further the mission of Cancer Concierge Network, its Wellness Center administration and the Free "Victory" Wellness Retreats*

## WEBSITE:

[www.cancerconciergenetwork.org](http://www.cancerconciergenetwork.org)

## Membership Benefits:

### **CCN Pathway to Wellness Membership:**



- Any CCN holistic 1-hour session every month of your choice.
- Additional sessions at low membership rate.
- Unused sessions can rollover or share with one another.
- Family and Company employee add-on specials.

Having a [Pathway to Wellness membership](#) means having treatments of your choice offer by CCN Wellness Center. Now you can choose and experience modalities to discover your personal pathway to health wholeness. You can enjoy less stress, more energy and improved wellness on your schedule. Best of all, CCN has been created so that together we can help guide, educate and refer you to holistic modalities enabling you to design your personal pathways to wellness on your schedule with all holistic treatments or provider appointments being cumulative. So the more you go, the sooner you can experience and design your personal pathway to wellness.

### **Share Pathways to Wellness**

Want to share the wellness with your family or a Company can share with employees? With CCN's Wellness membership, family members or your employees can join at a discounted monthly rate.

### **Carry over sessions**

Unused 1-hour membership sessions carry over from month-to-month. Members can split these sessions in order to pay for sessions with half-hour intervals (e.g. 30-minute and 1 1/2-hour massage sessions).

### **Share with one another**

Share 1-hour membership session per month with a friend or family member (same recipient may enjoy one transferred massage every six months by the same member). For more information, please contact us.