



Plymouth, MA

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

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

Second Member Name: \_\_\_\_\_

How did you learn about Mirbeau Wellness Memberships? \_\_\_\_\_

Membership Start \_\_\_\_\_ Expire \_\_\_\_\_

**\*Check off one of the below membership plans.**

**ESTATE WELLNESS MEMBERSHIP**  
*(12-MONTH CONTRACT)*

INDIVIDUAL  
Annual \$1,795  
Monthly \$159

COUPLES  
Annual \$3020  
Monthly \$257

**MID-WEEK WELLNESS MEMBERSHIP**  
**MONDAY – FRIDAY**  
*(12-MONTH CONTRACT)*

INDIVIDUAL  
Annual \$1,375  
Monthly \$120

COUPLES  
Annual \$2,295  
Monthly \$196

**MONTH-TO-MONTH**  
*(1-MONTH CONTRACT)*

INDIVIDUAL  
\$189

COUPLES  
\$330

Member Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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\*Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_ \* Zip \_\_\_\_\_

\*Phone Number: \_\_\_\_\_ \*Email Address: \_\_\_\_\_

\*Emergency Contact: \_\_\_\_\_

\*Emergency Contact Phone Number: \_\_\_\_\_

\*Emergency Contact #2: \_\_\_\_\_

\*Emergency Contact Phone Number: \_\_\_\_\_

**\*REQUIRED FIELD**

Second Member Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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\*Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_ \* Zip \_\_\_\_\_

\*Phone Number: \_\_\_\_\_ \*Email Address: \_\_\_\_\_

\*Emergency Contact: \_\_\_\_\_

\*Emergency Contact Phone Number: \_\_\_\_\_

\*Emergency Contact #2: \_\_\_\_\_

\*Emergency Contact Phone Number: \_\_\_\_\_

**\*REQUIRED FIELD**

**Method of Payment:**

Cash

Check # \_\_\_\_\_

Name on Card: \_\_\_\_\_

Primary CC #: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_ Card Type: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Secondary CC#: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_ Card Type: \_\_\_\_\_

I hereby request that all dues, fees, and charges for the above requested membership are billed according to the requested payment plan shown above, to my credit cards listed above, and I hereby authorize such billing.

I understand and agree that this membership will automatically renew each year for the 12-month contract membership and each month for the Month-to-Month membership, unless cancelled by me personally or by Mirbeau within 7 days prior to the first billing date of each renewed term.

I acknowledge that my membership account will be limited to a \$1,000 maximum balance, and that Mirbeau may charge my credit card or otherwise require payment of the entire statement balance immediately should my membership account balance exceed \$1,000.

I certify that the credit cards listed above are issued to me and agree that all disputes on my credit cards account relating to Mirbeau will be promptly brought to the attention of the Mirbeau staff. I understand that I am obligated to keep a valid approved credit card on file with Mirbeau at all times and that I am personally responsible for payment of any amounts that are not paid by the credit card company.

I hereby acknowledge that if any amounts on my membership account are not paid by the credit card listed above, I shall be personally responsible for payment of such amounts upon notice from Mirbeau. A payment shall be considered to be late if not paid within 30 days after the date of notice of the monthly statement, or membership payment due date, and all late payments shall be subject to the assessment of a Late Fee equal to the lesser of: (i) a one and one-half percent (1.5%) late charge per month; or (ii) the maximum amount that may be contracted for, taken, reserved, charged, or received under law. Late Fees shall be applied monthly until the account is paid in full. I acknowledge that Mirbeau may take whatever action it deems necessary to effect collection, including without limitation, suspension or termination of my membership or legal action, and I shall be liable for all costs and for any expenses of such legal action including attorney's fees or other collection costs.

**THIS AGREEMENT IS EFFECTIVE UPON SIGNING AND CANNOT BE CANCELED BY A MEMBER PRIOR TO THE END OF THE TERM.**

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Member Signature \_\_\_\_\_ Date \_\_\_\_\_

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Please Print Name \_\_\_\_\_ Date \_\_\_\_\_

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Second Member Signature \_\_\_\_\_ Date \_\_\_\_\_

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Please Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Acknowledgment of Membership Rights**

The undersigned acknowledges that membership in the Club permits the member to use the Club facilities referred to in the Membership Plan in accordance with the Membership Plan. Membership in the Club is not an investment in any of the Mirbeau Inn and Spa companies, or the Club Facilities, and does not give a member a vested or prescriptive right or easement to use the Club Facilities. Membership in the Club does not provide a member with equity or ownership or any property interest in the Club. A member only acquires a revocable license to use the Club Facilities in accordance with the terms and conditions of the Membership Plan, as the same may be amended by Mirbeau from time to time, and in accordance with the terms of this Membership Application. All rights and privileges of members under the Membership Plan and this Membership Application, are subordinate to the lien of any mortgage encumbering the Club Facilities from time to time. The club reserves the right, in its sole discretion, to terminate or modify the Membership Plan and Membership Application, to reserve memberships, to discontinue operation of any or all of the Club Facilities, to sell, lease or otherwise dispose of the Club Facilities in any manner whatsoever and to any person whomsoever, to add, issue, modify or terminate any type or category or class of memberships, and to make any other changes in the terms and conditions of the membership or the Club Facilities available for use by members. In the event of termination of the Membership Plan, termination of any category of membership or the discontinuance of operation of all or substantially all of the Club Facilities, the members affected will be entitled to a pro rata refund of membership dues paid by the member.

**Assumption of Risk**

The undersigned hereby acknowledges that the use of Mirbeau facilities and any privilege or service incident to membership is undertaken with knowledge of risk of possible injury. The undersigned hereby accepts any and all risk of injury to myself and my guests sustained while using the Mirbeau facilities or while involved in any event or activity incident to membership with Mirbeau. In accepting the risk of injury, I understand that I agree to indemnify and hold harmless Mirbeau Boston-South, LLC, Mirbeau Plymouth, LLC and their affiliates and related entities, their successors and assigns, and their respective directors, officers, owners, partners, members, shareholders, employees, and agents, from any and all loss, cost, claims, injury, damages or liability sustained or incurred by me or my guests resulting from or arising out of any conduct or event connected with membership with Club Mirbeau or the use of any of the Mirbeau facilities.

**Membership Plan Documents**

I hereby acknowledge receipt of the *Mirbeau Inn and Spa at The Pinehills* Membership Plan, and I have read and understand them, and agree to be bound by the terms and conditions thereof as the same may be amended from time to time by Mirbeau. I further acknowledge that I am not relying on any oral representations in acquiring a membership with Mirbeau.

This Membership Application shall not be binding on Mirbeau until the acceptance below is signed.

**THIS AGREEMENT IS EFFECTIVE UPON SIGNING AND CANNOT BE CANCELED BY A MEMBER PRIOR TO THE END OF THE TERM.**

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Member Signature Date

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Please Print Name Date

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Second Member Signature Date

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Please Print Name Date

Save the completed application to your computer. Click on the Submit Application button to automatically open an email to our Wellness Manager, Amy Lunderville at [alunderville@mirbeau.com](mailto:alunderville@mirbeau.com). **Don't forget to attach your application to the email! SUMBIT APPLICATION**