



MEMBERSHIP AGREEMENT

Between Dr. _____ hereinafter "Member;" currently practicing at
(Clinic Name) _____ (Address) _____
(City) _____ (State) _____ (Zip) _____ Phone# (_____) _____ (Clinic Phone)
and Dr. Lee A. Wood, (License # 12586) "Practice Development Consultant".

Dr. Lee Wood has developed specific practice building materials, procedures, and concepts and offers them in a program whereas the member desires to enroll in the said coaching services and program. The parties agree to the following benefits of membership as defined by Dr Wood:

- 1. Management by Statistical Analysis**
Statistics provided by the member are analyzed for areas of improvement on once a month basis. Customized plans and procedures are given to the member for building and growing the member's practice based on the member's long and short-term goals.
- 2. PR-Marketing-Advertising and Branding**
Consultant has developed a custom tailored marketing plan with samples, tools and scripts to build the member's practice by branding a positive image for Chiropractic and the member's clinic in order to attract new patients to the clinic. (The idea is to have fun)
- 3. Coaching sessions- Telephone Access and or Video Conferencing (Skype/iChat)**
Member will have phone call or video conferencing consultations with Dr Wood once a week at a scheduled time. It will be the member's responsibility to make the calls/Skype. Member will also be given Dr Wood's cell number for 24/7 access (either immediate contact or by messaging).
- 4. Training-Seminars-Materials & Emails**
Member will receive training materials and may attend scheduled seminars, **WHEN OFFERED**, at no additional charge.
- 5. Staff and CA Training/Team Building**
The Member's CA's will meet with either Dr. Wood or Diane Wood twice a month by phone at a scheduled time. It will be the CA's responsibility to make the calls. CAs will also be given Dr Wood's cell number for additional access. CA manual and HIPPA compliance materials available.
- 6. Personal Growth**
The member will receive personal growth materials and training to maximize communication skills, build confidence, certainty and leadership.
- 7. On Site Clinic evaluation**
An on site clinic evaluation by Dr Wood and or Diane Wood are available by request, terms to be agreed upon in advance by both parties. **There will be an additional fee for said, on site evaluation in order to cover the expenses of the travel, accommodations and food, which will be agreed upon by both parties and paid by the member in full in advance of the scheduled travel date. (On site Mentoring available at Dr Wood's clinic)**



TERMS OF THIS AGREEMENT

1. This agreement begins on the date signed by the Member.
2. This agreement is binding upon the Member & Dr. Lee A. Wood.
3. Cancellation policy: This agreement may be cancelled during the active membership term, which is set and governed by Dr. Lee A. Wood without penalty. Member will be responsible to give a 60-day written notice in order to terminate the agreement. The said 60-day notice will commence on the first day of the ensuing month.
4. The member is entitled to receive a discount for paying this agreement in full if paid on the initiation date. The cancellation policy applies.
5. All training sessions will take place at a location date & time as designated by Dr. Lee A. Wood.
6. Member agrees to send Dr. Lee A. Wood all statistical information and or records requested by the 5th day of every month for the prior month.
7. This agreement shall be construed and governed in accordance with the laws of the State of California. Member agrees & acknowledges that the court shall have exclusive jurisdiction to hear and determine all actions or suits that may arise from this agreement and Member and Dr. Lee A. Wood shall be subject to such jurisdiction. Both Member and Dr. Lee A. Wood waive his/her right to a trial by jury.
8. Member understands that payment is due on or before the 1st of each month for the ensuing month. If Membership begins during the course of a month; there will be prorated charges for the 1st month's service. If Member pays by check and said check is determined to have insufficient funds, the Member will be responsible for all bank charges incurred by Dr. Wood resulting from the insufficient Check. If payment is more than five days late there will be a late charge of \$ 100.00

Member agrees to pay Dr. Lee Wood as indicated and checked below:

Member authorizes the monthly or yearly payments to be automatically withdrawn from Members checking account (requires completion of authorization form)

Member agrees to send a personal or business check by mail on or before the 1st of each month.

Charged to Members Credit Card

Card Number: _____ - _____ - _____ - _____ - Exp date ____/____

12-Month Membership

A. One time pre-payment of \$ \$ **5,500.00** (Savings \$440.00)

B. Monthly installments of **\$495.00**

Agreed to by Dr. Lee A. Wood

Date: _____

Dr. _____
Agreed to by: Member signature

Date: _____

The Member acknowledges that he/she has read and fully understands the terms of this agreement. The term of this agreement shall begin on the date signed by the Member.



CREDIT CARD AUTHORIZATION FORM
Authorization to honor items drawn and payable to Dr. Lee Wood

Circle one: VISA MASTERCARD AMEX DISCOVER

Name (Exactly as it appears on your card)

Work Phone

Cell Phone

Email Address

Card Number

Expiration Date

CVV #

Signature of Credit Card Holder

Print Name of Credit Card Holder

Billing Address