



STUDENT 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 Chiropractic Student 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:

PERSONAL GROWTH PROGRAM:

- 1- There will be two one hour calls per month, (Modifiable by request) at a predetermined day and time that you will make to me to work on a custom tailored personal growth program that will be directed towards straightening your weaker areas and magnifying your strengths. Materials including books will be suggested and exercises will be prescribed.

PRACTICE DEVELOPMENT:

- 1. New practitioner/Associated doctor**
Consultant has developed a custom tailored curriculum to aid the student member in what type of practice they want to pursue, associate ship, independent contractor ship, partnership, or solo practitioner ship. The coaching will also be designed to enhance clarity around choices including: location, financing, type of practice, clinic design, office supplies and management systems, staffing and training and opening/marketing.
- 2. 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).
- 3. Training-Seminars-Materials & Emails**
Member will receive training materials and may attend scheduled seminars, **WHEN OFFERED**, at no additional charge.
- 4. On Site Clinic Mentoring**
On site clinic mentoring sessions with Dr Wood are available by request, terms and times to be agreed upon in advance by both parties. **There will be no additional charge.**



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 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 ____/____

Membership

- A. One time pre-payment of \$ \$ **3000.00** (Savings \$600.00) for 12 months.
- B. Monthly installments of **\$300.00 with the above mentioned 60 day cancellation terms.**

Agreed to by Dr. Lee A. Wood

Date: _____

Dr. _____
Agreed to by Student 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