Massage Technique Library Subscription Form

Membership in the Massage Technique Library is only \$7 per month or \$72 per year. You may subscribe on-line at www.massagelibrary.com, or by mail or fax using this form.

Street:
State: Zip: Phone: Email: Please provide the user name and password you would like to use: User Name: Password: Password: Payment Method: Check \$ (minimum \$21 for 3 month subscription if paying by check) Please make check out to Hands On Healing Credit Card -
Phone: Email: Please provide the user name and password you would like to use: User Name: Password:
Email: Please provide the user name and password you would like to use: User Name: Password: Password: Password: Payment Method: Check \$ (minimum \$21 for 3 month subscription if paying by check) Please make check out to Hands On Healing Credit Card - Mastercard VISA AMEX Discover Amount Authorized: Card Number: Expiration Date: CCV: I authorize recurring billing to my credit card to maintain my subscription. I understand that I may cancel my subscription at any time. \$7 every month \$21 every 3 months
Please provide the user name and password you would like to use: User Name: Password: Payment Method: Check \$ (minimum \$21 for 3 month subscription if paying by check) Please make check out to Hands On Healing Credit Card - Mastercard VISA AMEX Discover Amount Authorized: Card Number: Expiration Date: CCV: I authorize recurring billing to my credit card to maintain my subscription. I understand that I may cancel my subscription at any time. \$7 every month \$21 every 3 months
User Name:Password:
Password: Payment Method: Check \$ (minimum \$21 for 3 month subscription if paying by check) Please make check out to Hands On Healing Credit Card - Mastercard VISA AMEX Discover Amount Authorized: Card Number: Expiration Date: CCV: I authorize recurring billing to my credit card to maintain my subscription. I understand that I may cancel my subscription at any time. \$7 every month \$21 every 3 months
Payment Method: Check \$ (minimum \$21 for 3 month subscription if paying by check) Please make check out to Hands On Healing Credit Card - Mastercard VISA AMEX Discover Amount Authorized: Card Number: Expiration Date: CCV: I authorize recurring billing to my credit card to maintain my subscription. I understand that I may cancel my subscription at any time. \$7 every month \$21 every 3 months
□ Check \$ (minimum \$21 for 3 month subscription if paying by check) Please make check out to Hands On Healing □ Credit Card - □ Mastercard □ VISA □ AMEX □ Discover Amount Authorized: Card Number: Expiration Date: CCV: □ I authorize recurring billing to my credit card to maintain my subscription. I understand that I may cancel my subscription at any time. □ \$7 every month □ \$21 every 3 months
□ Check \$ (minimum \$21 for 3 month subscription if paying by check) Please make check out to Hands On Healing □ Credit Card - □ Mastercard □ VISA □ AMEX □ Discover Amount Authorized: Card Number: Expiration Date: CCV: □ I authorize recurring billing to my credit card to maintain my subscription. I understand that I may cancel my subscription at any time. □ \$7 every month □ \$21 every 3 months
Please make check out to Hands On Healing Credit Card - Mastercard VISA AMEX Discover Amount Authorized: Card Number: Expiration Date: I authorize recurring billing to my credit card to maintain my subscription. I understand that I may cancel my subscription at any time. \$\Pi\$ every month \$\Pi\$ \$21 every 3 months
☐ Credit Card - ☐ Mastercard ☐ VISA ☐ AMEX ☐ Discover Amount Authorized: Card Number: Expiration Date: CCV: ☐ I authorize recurring billing to my credit card to maintain my subscription. I understand that I may cancel my subscription at any time. ☐ \$7 every month ☐ \$21 every 3 months
Amount Authorized: Card Number: CCV: Expiration Date: CCV: I authorize recurring billing to my credit card to maintain my subscription. I understand that I may cancel my subscription at any time. \$\Pi\$ \$7 every month \$\Pi\$ \$21 every 3 months
Card Number: CCV: Expiration Date: CCV: CCV: I authorize recurring billing to my credit card to maintain my subscription. I understand that I may cancel my subscription at any time. \$\Pi\$ \$7 every month \$\Pi\$ \$21 every 3 months
Expiration Date: CCV: I authorize recurring billing to my credit card to maintain my subscription. I understand that I may cancel my subscription at any time. \$\Pi\$ \$7 every month \$\Pi\$ \$21 every 3 months
☐ I authorize recurring billing to my credit card to maintain my subscription. I understand that I may cancel my subscription at any time. ☐ \$7 every month ☐ \$21 every 3 months
I understand that I may cancel my subscription at any time. ☐ \$7 every month ☐ \$21 every 3 months
□ \$7 every month □ \$21 every 3 months
□ \$42 every 6 months □ \$72 every year
= + 1 = 0 to 1 y 0 1110110110 = + 1 = 0 to 1 y 0 011
☐ No recurring billing – one time charge only
Signature:
Please mail this form to:
Hands On Healing 112 Douglas Blvd. Roseville, CA 95678

Or fax to: 888-880-1673

We will notify you by email when your subscription begins.