



Buyer acknowledge all terms and conditions set forth on both sides of this contract. I authorize Omega Health & Wellness to debit my credit card on the 1st of each month. If I am delinquent 30+ days I am aware of all penalties and fees.

Omega Health & Wellness Rep Member Signature Date

**TRANSACTION INFORMATION**  
Membership Type: New/Renewal:  
  
Paid Today: 1st Payment of: Due on:  
  
Method of Payment: Account Number:  
  
 EXP Date: CV2:

NEW

**MEMBER INFORMATION**Member Name:  
  
Home Address:  
  
Home Phone: City: State: Zip:  
  
Cell Phone:  
  
D.O.B  
  
Email:  
  
Insurance Provider:  
  
Insurance Plan: Insurance Number:

Contract #

Exp Date:

CONTRACT dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_, by and between the undersigned Seller, Omega Health & Wellness and the undersigned buyer (“member or buyer”) for the sale and purchase of a membership to Omega Health & Wellness at the above locations according to terms and conditions set forth herein.

5893 Camp Road Suite 9  
Hamburg, NY 14075  
716-648-5500

**Membership Agreement**