Corporate Wellness Membership Application -

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| EWSNetwork Rep |  | | |  | | |  | |
| Company Name |  | | | Contact Name | | |  | |
| Billing Email |  | | | Email (if different) | | |  | |
|  |  | | | Phone Number | | |  | |
|  |  | | |  |  | |  | |
| Address |  | | | | | | | |
| City/Prov. |  | | | Postal Code | | |  | |
|  |  | | |  | | |  | |
| # of Employees |  | | | # of Locations | | |  | |
| Initial the desired program (select theme choices for Gold and Platinum) | | | | | | | | |
| Silver Membership   * 1 Wellness Strategy Call * 3 Family Webinars * 12 Monthly Newsletters * 12 Individual Challenges * 3 Poster Sets * 3 E-campaigns * **PLUS 5 Credits** * Additional Credits 10%   3 Themes  ⌧ Heart Health  ⌧ Stress  ⌧ Weight Management | | Gold Membership   * 1 Wellness Strategy Call * 3 Family Webinars * 12 Monthly Newsletters * 12 Individual Challenges * 3 Poster Sets * 3 E-campaigns * 2 30-day Team Challenges * Kids Wellness Bursary * Mental Health Resource Consultant * **PLUS 15 Credits** * Additional Credits 15%   5 Themes (Please select 3)  Heart Health  Mental Health  Nutrition  Stress  Weight Management  Activate Mental Health Resource Consultant  YES  NO  2 30-day Challenges  ⌧ Stop the Silence Pedometer Challenge  ⌧ Healthy Living Challenge | | | | Platinum Membership   * 1 Wellness Strategy Call * 3 Family Webinars * 12 Monthly Newsletters * 12 Individual Challenges * 3 Poster Sets * 3 E-campaigns * 2 30-day Team Challenges * Kids Wellness Bursary * Mental Health Resource Consultant * 6 Corporate Consulting Calls * **PLUS 30 Credits** * Additional Credits 25%   5 Themes (Please select 3)  Heart Health  Mental Health  Nutrition  Stress  Weight Management  Activate Mental Health Resource Consultant  YES  NO  2 30-day Challenges  ⌧ Stop the Silence Pedometer Challenge  ⌧ Healthy Living Challenge | | |
| Payment Option (check the appropriate box) | | | | | | | | |
| Silver Membership  $145/month  $1500/year | | Gold Membership  $245/month  $2500/year | | | | Platinum Membership  $345/month  $3500/year | | |
|  | | | | | | | | |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have purchasing authority for my organization and agree to the above membership details. I also agree to maintain a membership for at least 1 year. | | | | | | | | |
|  | | |  | | | | |  |
| Signature | | | Print Name | | | | | Date |
| Return completed application to [membership@EWSNetwork.com](mailto:membership@EWSNetwork.com) | | | | | | | | |