Corporate Wellness Membership Application -

|  |  |  |  |
| --- | --- | --- | --- |
| 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 ManagementActivate Mental Health Resource Consultant[ ]  YES [ ]  NO2 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 ManagementActivate 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 |