

Corporate Wellness Membership Agreement

EWSNetwork Rep _____

Company Name	_____	Phone Number	_____
Billing Contact	_____	Contact (if different)	_____
Billing Email	_____	Contact Email (if different)	_____
Company Address	_____		
City/Prov.	_____	Postal Code	_____
# of Employees	_____	# of Locations	_____

Initial the desired program (select theme choices for Gold and Platinum)

<input type="checkbox"/> Silver Membership <input checked="" type="checkbox"/> 1 Wellness Strategy Call <input checked="" type="checkbox"/> 3 Family Webinars <input checked="" type="checkbox"/> 12 Monthly Newsletters <input checked="" type="checkbox"/> 12 Individual Challenges <input checked="" type="checkbox"/> 3 Poster Sets <input checked="" type="checkbox"/> 3 E-campaigns <input checked="" type="checkbox"/> PLUS 5 Credits <input checked="" type="checkbox"/> Additional Credits 10% <u>3 Themes</u> <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical Activity <input type="checkbox"/> Healthy Eating	<input type="checkbox"/> Gold Membership <input checked="" type="checkbox"/> 1 Wellness Strategy Call <input checked="" type="checkbox"/> 3 Family Webinars <input checked="" type="checkbox"/> 12 Monthly Newsletters <input checked="" type="checkbox"/> 12 Individual Challenges <input checked="" type="checkbox"/> 3 Poster Sets <input checked="" type="checkbox"/> 3 E-campaigns <input checked="" type="checkbox"/> 2 30-day Team Challenges <input checked="" type="checkbox"/> Kids Wellness Bursary <input checked="" type="checkbox"/> PLUS 15 Credits <input checked="" type="checkbox"/> Additional Credits 15% <u>5 Themes (Please select 3)</u> <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical Activity <input type="checkbox"/> Healthy Eating <input type="checkbox"/> Chronic Disease <input type="checkbox"/> Healthy Weight <u>2 30-day Challenges</u> <input type="checkbox"/> Group Challenge in Spring <input type="checkbox"/> Group Challenge in Fall	<input type="checkbox"/> Platinum Membership <input checked="" type="checkbox"/> 1 Wellness Strategy Call <input checked="" type="checkbox"/> 3 Family Webinars <input checked="" type="checkbox"/> 12 Monthly Newsletters <input checked="" type="checkbox"/> 12 Individual Challenges <input checked="" type="checkbox"/> 3 Poster Sets <input checked="" type="checkbox"/> 3 E-campaigns <input checked="" type="checkbox"/> 2 30-day Team Challenges <input checked="" type="checkbox"/> Kids Wellness Bursary <input checked="" type="checkbox"/> 6 Corporate Consulting Calls <input checked="" type="checkbox"/> PLUS 30 Credits <input checked="" type="checkbox"/> Additional Credits 20% <u>5 Themes (Please select 3)</u> <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical Activity <input type="checkbox"/> Healthy Eating <input type="checkbox"/> Chronic Disease <input type="checkbox"/> Healthy Weight <u>2 30-day Challenges</u> <input type="checkbox"/> Group Challenge in Spring <input type="checkbox"/> Group Challenge in Fall
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Payment Option (check the appropriate box)

Silver Membership <input type="checkbox"/> \$145/month <input type="checkbox"/> \$1500/year	Gold Membership <input type="checkbox"/> \$245/month <input type="checkbox"/> \$2500/year	Platinum Membership <input type="checkbox"/> \$345/month <input type="checkbox"/> \$3500/year
First Invoice Date/Month	_____	

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

