

Corporate Wellness Membership Application 2017



EWSNetwork Rep	_____	Contact Name	_____
Company Name	_____	Email (if different)	_____
Billing Email	_____	Phone Number	_____
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 ✓ 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% <u>3 Themes</u> <input checked="" type="checkbox"/> Heart Health <input checked="" type="checkbox"/> Stress <input checked="" type="checkbox"/> Weight Management	<input type="checkbox"/> 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 ✓ PLUS 15 Credits ✓ Additional Credits 15% <u>5 Themes (Please select 3)</u> <input type="checkbox"/> Heart Health <input type="checkbox"/> Mental Health <input type="checkbox"/> Nutrition <input type="checkbox"/> Stress <input type="checkbox"/> Weight Management <u>2 30-day Challenges</u> <input checked="" type="checkbox"/> Stop the Silence Pedometer Challenge <input checked="" type="checkbox"/> Healthy Living Challenge	<input type="checkbox"/> 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 ✓ 6 Corporate Consulting Calls ✓ PLUS 30 Credits ✓ Additional Credits 20% <u>5 Themes (Please select 3)</u> <input type="checkbox"/> Heart Health <input type="checkbox"/> Mental Health <input type="checkbox"/> Nutrition <input type="checkbox"/> Stress <input type="checkbox"/> Weight Management <u>2 30-day Challenges</u> <input checked="" type="checkbox"/> Stop the Silence Pedometer Challenge <input checked="" type="checkbox"/> Healthy Living Challenge
---	--	--

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
--	--	--

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