

# 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)

<input type="checkbox"/> <b>Silver Membership</b> <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"/> <b>PLUS 5 Credits</b> <input checked="" type="checkbox"/> Additional Credits 10%  <u>3 Themes</u> <input checked="" type="checkbox"/> Mental Health <input checked="" type="checkbox"/> Physical Activity <input checked="" type="checkbox"/> Healthy Eating	<input type="checkbox"/> <b>Gold Membership</b> <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"/> <b>PLUS 15 Credits</b> <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 checked="" type="checkbox"/> Group Challenge in Spring <input checked="" type="checkbox"/> Group Challenge in Fall	<input type="checkbox"/> <b>Platinum Membership</b> <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"/> <b>PLUS 30 Credits</b> <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 checked="" type="checkbox"/> Group Challenge in Spring <input checked="" type="checkbox"/> Group Challenge in Fall
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Payment Option (check the appropriate box)

<b>Silver Membership</b> <input type="checkbox"/> \$145/month <input type="checkbox"/> \$1500/year	<b>Gold Membership</b> <input type="checkbox"/> \$245/month <input type="checkbox"/> \$2500/year	<b>Platinum Membership</b> <input type="checkbox"/> \$345/month <input type="checkbox"/> \$3500/year
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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)