

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)

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| <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"/> Mental Health <input checked="" type="checkbox"/> Physical Activity <input checked="" type="checkbox"/> Healthy Eating | <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"/> 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"/> 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"/> 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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

