

InWellness Individual Provider or Affiliate Organization Application



I wish to be considered for membership in the InWellness Provider Network.

My signature below indicates I am in good standing as a member of my profession and that I am willing to collaborate with other holistic providers in client care:

Signature _____ Date _____
Individual Applicant or Organization Representative

Provider Information:

Name _____
_____ Individual Provider or _____ Affiliate Organization

Address (main office) _____

City _____ State ____ ZIP _____

Phone _____ Fax _____

Web site _____

Service provided: _____

Credentials _____

Referred or recommended by _____

FIRST YEAR MEMBERSHIP:

check one

- Full Individual:** \$440 (1 yr. min)
 Associate Individual \$240 (1 yr. min)
 Affiliate Group: \$640 (1 yr. min); additional
 individual affiliate member profiles: \$320

SPECIAL OFFER UNTIL 4/31/2010

Free Wellness Inventory and IW Plan Membership (\$260 value)

and inclusion in a drawing for free InWellness Health & Wellness Assessments (\$120 value)

Send signed Application to :

InWellness
4200 W. Good Hope Road
Milwaukee, WI 53209

or

Fax 877-737-1543

info@inwellnesstoday.com

Upon acceptance, welcome package will be sent to you.