NATIONAL WELLNESS INSTITUTE

Membership Application

❑ New Membership ❑ Renewing Membership

Member/Shipping Information

❑ Please update my information

Name: _____

Credentials: _____

Title: _____

Organization: _____

Mailing Address: _____

_____

City, State, Zip: _____ Country:_____

Telephone: _____ Fax:_____

Email: _____

Billing Address (if different) Billing address must be associated with credit card. Receipts will be emailed to the billing email.

❑ Same as member information.

Business Name/Address: _____

City, State, Zip: _____ Country:_____

Telephone: _____ Fax:_____

Email: _____

Membership Type

Individual

❑ Core $125

❑ Core Plus $225

❑ Student.....$15

*Students must include a registrar's letter verifying full-time student status.

Organizational

❑ Core $275

❑ Core Plus.....$375

Foreign Locations (For PLUS level memberships to cover AJHP shipping costs)

❑ Canada/Mexico ..... +$15

❑ All other locations... +$25

Payment Information

❑ Check Enclosed (payable in US funds to: National Wellness Institute, Inc or NWI ($25 for NSF checks)

❑ Purchase Order #_____ **(include signed copy of purchase order)**

❑ Credit Card ❑ MC ❑ Visa ❑ American Express

_____ ____/____/____

Credit Card Number Expiration Date Security Code

Total Payment: $_____

_____

Cardholder Name Cardholder Signature

Mail completed application to: National Wellness Institute, PO Box 827, Stevens Point, WI 54481

Updated: 1/2012