

NATIONAL WELLNESS INSTITUTE

Membership Application

 New Membership Renewing Membership

Contact Information

 Current Information Update Information

Name/Credentials: _____

Contact Name: _____

Position Title: _____

Organization: _____

Business Mailing Address: _____

City, State, Zip: _____ Country: _____

Telephone: _____ Fax: _____

Email: _____

Alternate Address

Home Mailing Address: _____

City, State, Zip: _____ Country: _____

Telephone: _____ Fax: _____

Email: _____

Membership Type

Individual

 Core.....\$99 Core Plus\$189 Student\$59

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

Organizational

 Core.....\$239 Core Plus\$374

Foreign Locations

 Canada/Mexico.....+\$10 All other locations+\$20

Payment Information

 Do you have a special promotional code or renewal code? _____ 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 _____

Verification Code _____

Total Payment: \$ _____

Cardholder Name _____

Work setting:

 Community/Local Agency Community/Technical College Consultant/Health Promotion Business Corporation Faith Community Other _____ Federal/State Agency Hospital/Medical Center Managed Care Organization Schools (K-12) University College

In house use only - Source Code:

 Phone Mail-in Web Word of mouth Event Email Direct Mail