



NATIONAL WELLNESS INSTITUTE

Student Chapter Application

Student Chapters require a minimum of 10 students and one faculty advisor who is a member of the NWI.

CONTACT INFORMATION:

Academic Advisor:

Credentials:

Mailing Address:

City, State, Zip:

E-mail :

Phone:

Student President:

Mailing Address:

City, State, Zip:

E-mail:

Phone:

Verification of Student Chapter Organization

Recognition: (Signature of Student Government President or equivalent required)

Faculty Advisor NWI Member Number: (Faculty advisor is required to be an active member of the National Wellness Institute. If not a NWI member, please include application for NWI membership and membership dues along with the student chapter application. Faculty membership dues may be waived annually if an annual roster of at least 10 Student members with annual dues are sent along with the original or renewal application.)

CHAPTER MEMBERSHIP

Please mail completed application with the following:
Minimum 10 student applications and payment. Faculty advisor membership will be waived with a minimum of 10 annual student members.

PAYMENT METHOD (if consolidating all student payments):

- Check or money order enclosed.
 MasterCard VISA American Express

Card Number:

Exp. Date:

Verification Code:

Card Holder Name (Please PRINT):

Signature:

Total Payment Enclosed (If applicable): _____ (U.S. funds only.)

**Mail to: National Wellness Institute, Inc.
Membership Services
PO Box 827
Stevens Point, WI 54481-0827**

Fax to: 715.342.2979 (if paying by credit card)