



NATIONAL WELLNESS INSTITUTE

Student Chapter Application

One Year - \$85
Three Year - \$225

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 and dues.)

MEMBERSHIP

- One Year \$85
- Three Year \$225

PAYMENT METHOD:

- Check or money order enclosed.
- MasterCard VISA American Express

Card Number:

Exp. Date:

Verification Code:

Card Holder Name (Please PRINT):

Signature:

Total Payment Enclosed: _____ (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)