



Application for Corporate Membership

Corporate Name: _____

Contact Name: _____

Contact E-mail: _____

Business Address: _____

Business Phone: _____

Please choose billing cycle:

Monthly

Quarterly

Billing month(s): _____

Semi annual

Billing month(s): _____

Please select corporate preferences:

Initiation Fee: **Employer** **Employee**

Membership dues: **Employer** **Employee**

Spouse/child dues: **Employer** **Employee**

I, _____, as the responsible party for the Wellness Center Corporate Membership, understand and accept the following terms:

1. To retain the corporate membership rates, I must have at least 3 employees on this account.
2. I must notify the Wellness Center of any termination and/or removal of employment from the corporate membership by the 13th of the month prior. (For example, if you wish to cancel Jane Doe for March, we need to be notified before February 13.)
3. I understand that I am responsible for making payments on time (by the 5th).
4. I understand that I must enforce the freeze/cancellation policy with the members on the account and I must follow it accordingly.
5. I understand that non-attendance does not constitute a cancellation, and if written notification of freeze or cancellation is not given to the Wellness Center, I am responsible for such charges.

Signature of Responsible Party

Date



Members:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____