

WELCOM MEMBERSHIP APPLICATION

YES! My company wants to be a member of the Wellness Council of the Midlands.

(Membership prices are based on the number of employees.)

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Chief Executive Officer _____ Phone (_____) _____ - _____ Fax (_____) _____ - _____

Individual(s) that will serve as delegates to the Council:

Name _____ Title _____

Phone (_____) _____ - _____ e-mail _____

Name _____ Title _____

Phone (_____) _____ - _____ e-mail _____

To help us better serve our members, please tell us about your health promotion program.

Industry

- Bank
- Service
- Insurance
- Real Estate
- Construction
- Transportation
- Communications
- Manufacturing
- Public Utilities
- Government
- Health Care
- Other _____

Number of employees

of Full-time _____

of Part-time _____

Total Employees _____
(2 part-time equals 1 full-time)

Budget for health promotion program

- Less than \$500
- \$500 - \$1500
- \$1500 - \$3000
- \$3000- \$5000
- Over \$5000

Check the areas in which you offer programs:

- Nutrition
- Cholesterol
- Mental health
- Height/weight
- Blood pressure
- Heart disease/stroke
- Physical activity/fitness
- Alcohol and other drugs
- Maternal and infant health
- Occupational safety/health
- Breast exam/mammography

- Tobacco
- Immunization
- Pap smear
- Hearing/vision

How long has your health promotion program been in place? _____

Know someone who could benefit from WELCOM?

Name _____

Company _____ Phone or e-mail _____

Please fill out and send or fax back to WELCOM.

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