



YES, start my membership today!

- Check or money order enclosed
- Please bill me (Net 15 days)
- Company purchase order attached for total \$ _____
- Payment by Credit Card
- VISA Master Card American Express Diners Club

Wellness Council of West Virginia

75 Olde Main Plaza
St. Albans, WV 25177
304-722-8070 Phone
304-722-8074 Fax
www.wcwg.org
info@wcwg.org

Card Number _____ Exp. Date _____

Print name as it appears on card _____

I. Delegate Information

The Primary Delegate is the primary WCWV contact and is the person responsible for employee wellness. Alternates assist with program planning and management.

PRIMARY DELEGATE

Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail address _____

ALTERNATE DELEGATE

Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail address _____

II. Company Information

CEO / PRESIDENT / OWNER _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail Address _____

III. Membership Fee

Select the appropriate category and complete the *Annual Fee Calculation* to determine membership dues.

Total No. of Employees _____

A. Business Employers

Includes all profit and non-profit agencies, businesses and industrial organizations.

Fee: \$1.00 per employee per calendar year.
\$365 minimum - \$1,500 maximum

Annual Fee Calculation:

Number of employees x \$1.00 =
/ per year.

OR

B. Public Sector Employers **

Includes agencies functioning as a unit of federal or state government, county school districts, and special districts or agencies created as part of government.

Standard Fee: \$365 per calendar year

*** Public Sector Employers with multiple locations must have each office apply for membership individually.*

Information on Multiple Site fees Available upon request.

Referred by: _____
Company Name

_____ Contact Name

FOR OFFICE USE ONLY:

Application Received: _____