



## APPLICATION FOR MEMBERSHIP

100% of your membership dues is tax deductible

### BUSINESS CONTACT INFORMATION

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Website Address:

# of Employees:

Exempt:

Non-Exempt:

### GENERAL INFORMATION

Primary business address (if same as above write same):

City:

State:

ZIP Code:

Telephone:

Fax:

E-mail:

Name of Top Executive:

Title:

Name of Primary Contact:

Title:

Phone:

Ext:

Name of Secondary Contact:

Title:

Phone:

Ext:

Does your company currently offer any kind of Wellness Programs?

Yes or No:

If the answer is no, would you be interested in starting a Wellness Program?

Yes or No:

If the answer is yes, in what ways do you plan to increase participation?

What do you expect from your membership to the Wellness Council of Indiana?

Who is responsible for making decisions about your company's wellness program?

Name:

Title:

### RETURN APPLICATION

Please return application via mail, fax or email to:

Wellness Council of Indiana  
115 W Washington Street, Suite 850 S  
Indianapolis, Indiana 46204

Phone: 317-264-2168  
Fax: 317-264-6855  
Email: info@wellnessindiana.org

The Wellness Council of Indiana is a 501(c)(3) corporation, Federal ID # 35-1742510