

**Coastal Wellness Collective**  
**P.O. Box 2971, Westerly, RI 02891**

Group Membership Registration 2021

Date \_\_\_\_\_ Group Name: \_\_\_\_\_

Business Website: \_\_\_\_\_

Providers Names and Credentials: \_\_\_\_\_  
(Add more on second page if needed)

\_\_\_\_\_  
\_\_\_\_\_

Contact Information: Contact Name: \_\_\_\_\_  
(Add more on back if needed)

Business #1 Address: \_\_\_\_\_

Business #1 Phone: \_\_\_\_\_ FAX #: \_\_\_\_\_

Business #2 Address: \_\_\_\_\_

Business #2 Phone: \_\_\_\_\_ FAX #: \_\_\_\_\_

Contact Email: \_\_\_\_\_

**Please check off what you would like to participate in:**

- Website Listing     Directory     Networking Events     Continuing Ed Events     Social Events

**MEMBERSHIP REQUIREMENTS**

**2021 Membership Fees - Payable to: *Coastal Wellness Collective***

- Joining Jan 1 - Dec 31: \$100       Joining Oct 1 - Dec 31: \$50

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**I hereby attest that all providers have an active state license to practice locally, and active professional liability insurance. Should either change, I will notify CWC within 30 days of such change.**

\_\_\_\_\_  
Authorized Signature of Group Representative

**Office Use Only**

Date Received \_\_\_\_\_ Check Name \_\_\_\_\_

Processed by \_\_\_\_\_ Check # & Amount \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_