

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

Individual Membership Application 2021

Date _____

Provider Name: _____ Credentials: _____

Business Name: _____

Business Website: _____

Addresses:

Mailing Address _____

Business #1: _____

Business #2: _____

Business #3: _____

Telephone numbers:

Home: _____ Business: _____

Cell: _____ Bus. FAX: _____

Work Email: _____

Please check off what you plan to participate in:

- Website Listing Directory Networking Events Continuing Ed Events Social Events

MEMBERSHIP REQUIREMENTS

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

- Joining Jan 1 - Sept 30 - \$50 Joining on or after Oct 1 - \$25

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

Signature _____

Office Use Only

Date Received _____ Check Name _____

Processed by _____ Check # & Amount _____

Notes: _____
