

Hawaii Wellness Association

Membership Application

Personal Information

Name:		
Home Address:		
City:	State:	Zip:
Date of Birth:	Phone:	Fax:

Professional Information

Company Name:		
Business Address:		How long?
City:	State:	Zip:
Phone:	Title:	Email:
Web Address:		
Description of the service(s) / product(s) you offer:		
Please list any type of clients that you prefer to work with (i.e., elderly, children, etc.):		

Additional Information

Hobbies/Interests:
Education/Affiliations/Awards:
My greatest skills/talents/abilities:
Please list five (5) words that describe you best:
Please explain how HWA can help you achieve your professional goals:

HWA Volunteer Information

Are you interested in volunteering with HWA? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, I would like to offer assistance to HWA by volunteering in the following way(s):
I would like my [volunteer] title within HWA to be:

Membership Package

<input type="checkbox"/> Basic Membership - \$229 annually (\$30 savings) / \$19.99 monthly* Includes your page in HWA Member Binder, Inter-member discounts, listing in Member Directory on website by therapy category & title you hold within HWA (telephone number only – no web or email address links), access to special promotions offered by local businesses.
<input type="checkbox"/> Elite Membership - \$329 annually (\$40 savings) / \$29.99 monthly* Includes all of the benefits of the Basic Membership and also the ability for group discounts from local business including Honolulu Club, CompUSA, Costco, Verizon and more! It also includes the Guardian Healthcare plan and a listing on the HWA web site (Online Member Directory) with your business name, description, contact information and web/email address link.
<input type="checkbox"/> Ambassador Membership - \$429 annually (\$60 savings) / \$39.99 monthly* Includes all of the benefits of the Elite Membership and also priority service and placement in special promotions, discounts and opportunities offered within HWA (i.e., priority booth space, advertisements within the web site and newsletter, etc.). You may also have multiple listings on the HWA web site within up to three (3) categories of the different therapies/services you offer.

* Requires EFT (electronic funds transfer) via major credit card. All membership fees are non-refundable.

Signature

Signature of Applicant:	Date:
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