



6000 Westown Parkway, Suite 350E
 West Des Moines, IA 50266-7771
 Phone 515-223-2910 ~ Fax 515-267-6215
 www.wellnessiowa.org ~ info@wellnessiowa.org

Annual Membership Application

Company Name _____

Address _____

City/State/Zip _____ Phone _____

CEO _____

Individual(s) that will serve as delegates to the Council:

Main Delegate:

Name _____ Title _____

Phone _____ Fax _____

Email _____

Secondary Delegate:

Name _____ Title _____

Phone _____ Fax _____

Email _____

Number of Full Time Employees:
<input type="checkbox"/> Promoter - \$365 <input type="checkbox"/> Developer - \$500 <input type="checkbox"/> Advocate - \$950 <input type="checkbox"/> Sponsor - \$2950

How did you hear about the Wellness Council of Iowa?

Budget for health promotion

- \$501 - \$1000 \$10,001 - \$25,000
- \$1001 - \$2500 \$25,001 - \$50,000
- \$2501 - \$5000 \$50,001 - \$100,000
- \$5001 - \$10,000 Over \$100,00

Industry

- Bank Insurance
- Manufacturing Construction
- Government Real Estate
- Service Transportation
- Hospital Public Utilities
- Other _____

Individuals Eligible for Program Benefits:

- Employees Dependents Retirees

Please tell us about your company's health promotion program.

1. How long has your health promotion program been in place? _____
2. Do you offer employees an HRA (Health Risk Appraisal)? If so, which one? _____
3. Why are you offering a health promotion program at your organization? (Check all that apply)
 - contain health care costs
 - improve employee morale
 - improve employee productivity
 - reduce turnover
 - enhance employee benefits
 - improve employee health status
 - other _____
4. What is your health promotion program's biggest need? (Check all that apply)
 - management support
 - committee development
 - data collection
 - program ideas
 - resources
 - evaluation
 - participation
 - budget
5. Which of the following elements does our organization's health promotion program have today?

Provide onsite fitness facility	yes <input type="radio"/>	no <input type="radio"/>
Provide onsite child care	yes <input type="radio"/>	no <input type="radio"/>
Provide onsite cafeteria	yes <input type="radio"/>	no <input type="radio"/>
Evaluate the program (overall)	yes <input type="radio"/>	no <input type="radio"/>
Offer health promotion intern program	yes <input type="radio"/>	no <input type="radio"/>
Assess the needs of employees	yes <input type="radio"/>	no <input type="radio"/>
Employee Wellness Committee	yes <input type="radio"/>	no <input type="radio"/>
Employee Health Newsletter	yes <input type="radio"/>	no <input type="radio"/>
Newsletter Title: _____		
Provide Employee Assistance Program (EAP)	yes <input type="radio"/>	no <input type="radio"/>
Have a full-time health promotion coordinator	yes <input type="radio"/>	no <input type="radio"/>
Have a part-time health promotion coordinator	yes <input type="radio"/>	no <input type="radio"/>
6. Who is responsible for managing your health promotion program? _____
7. What is her/his title? _____
8. What percentage of his/her time is devoted to this program? _____%
9. Is management supportive of health promotion in your organization?
 - Actively supportive
 - Quietly supportive
 - Neutral
 - Quietly opposed
 - Actively opposed
10. Which of the following methods does your organization use to measure the success of the health promotion program?
 - evaluation forms
 - participation rates
 - health care utilization rates

- health risk appraisal
- cost analysis
- changes in corporate culture
- other _____
- none of the above (we don't measure)
- none of the above (we're just beginning)

For Office Use Only: Date Paid:

Check:

Amount: