Wellness Council of Iowa
VENDOR MEMBERSHIP APPLICATION

6000 Westown Parkway, Suite 350E, West Des Moines, IA 50266-7771
(515) 223-2910, FAX: (515) 267-6215

Organization Information

Company	CEO, (President or other title)	Phone Number Fax Number
Address	City State Zip Code	County

Main Delegate	Title	Phone Number Fax Number
Address (if different from above)	City State Zip Code	Email: Website:

Membership Information

Provider Membership Only: (Check One)

( ) Non-profit (501 c-3 status) – **attach copy of 501 c-3**
Annual Dues $150.00

( ) For Profit
Annual Dues $350.00

MEMBERSHIP FEE: _____ **TOTAL AMOUNT DUE:** _____

PAYMENT METHOD: ( ) Payment Enclosed ( ) Please Bill Me

Applicant's Name	Applicant's Signature	Date

For Office Use Only

I.D. Number	Date received	