

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

Individual Membership Application, Year: \_\_\_\_\_

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

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**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: \_\_\_\_\_

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