APPLICATION FOR



COMPLETE THIS FORM EMAIL TO

EMAIL info@kawp.net

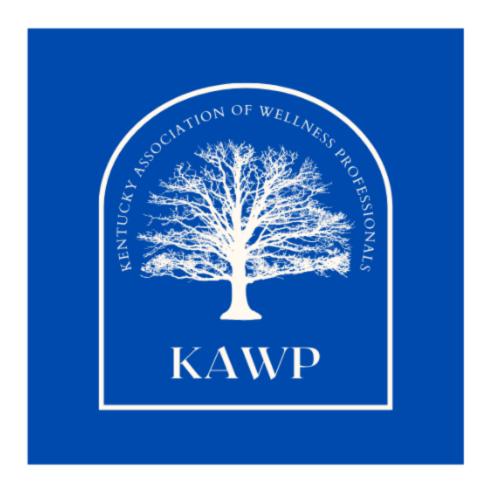
PHYSICAL ADDRESS

880 Corporate Dr.

Unit 202

Lexington,

Kentucky 40503



Name:

Phone:

DATE			
	/	/	
	_ /	/	

KENTUCKY ASSOCIATION OF WELLNESS PROFESSIONALS

CUSTOMER INFORMATION:

Address:

Credit Card

Social Media:

Email:	<u>Information:</u>
PRFM	1IUM BUSINESS MEMBERSHIP - \$999.99
v	
	All Standard Business Membership perks. Driority listing in our directory for maximum visibility.
	 Priority listing in our directory for maximum visibility. Opportunity to host webinars for our community.
	 Personalized support from our team for business growth.
	Additional spotlighting in our podcast.
	Business Category
	General Physician, Spa, Training Studio, Chiropractic, etc
ou ir	iterested in providing discounts to other K
	Members, if so describe them below.

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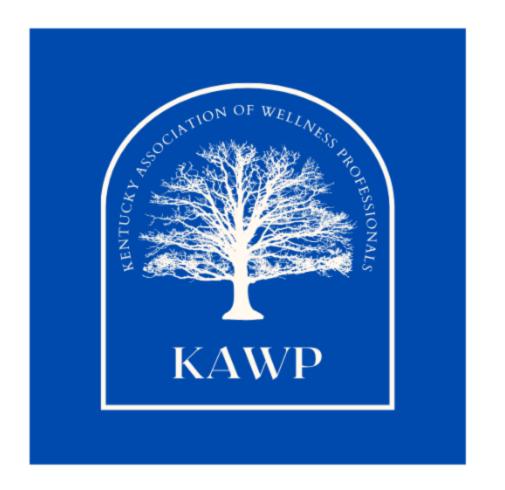
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KENTUCKY ASSOCIATION OF WELLNESS PROFESSIONALS

CUSTOMER INFORMATION:

	on in our professional directs to a dedicated network fo	ctory for enhanced visibility. or collaboration.
	·	rm to showcase expertise.
	ive invitations to industry c on of your business in our p	conferences and events. periodic podcast or informational video
	Business Cat	egory
	General Physician, Spa, Training Studio	•
ou interest	ed in providing	discounts to other KA
ou interes	1	