### **APPLICATION FOR**



# COMPLETE THIS FORM EMAIL TO

EMAIL info@kawp.net

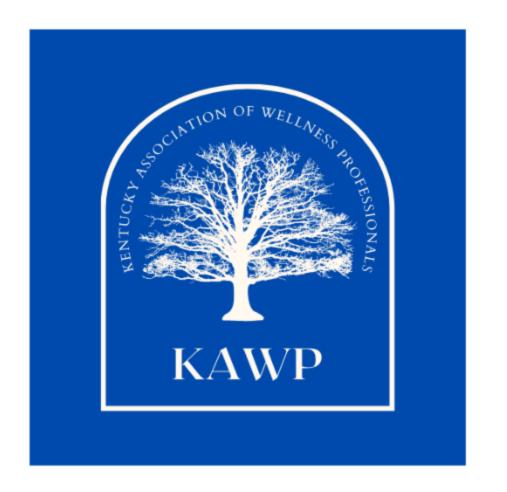
PHYSICAL ADDRESS

880 Corporate Dr.

Unit 202

Lexington,

Kentucky 40503



Name:

### KENTUCKY ASSOCIATION OF WELLNESS PROFESSIONALS

CUSTOMER INFORMATION:

Address:

Phone:	Social Media:
Email:	Credit Card Information:
PREMIUM PROFI	ESSIONAL - \$299.99
	directory for increased client reach. thly newsletter to showcase expertise.
	nal Category Trainer, Massage Therapist, etc
you interested in provi	iding discounts to other KA
Members, if so d	describe them below.
	<del></del>

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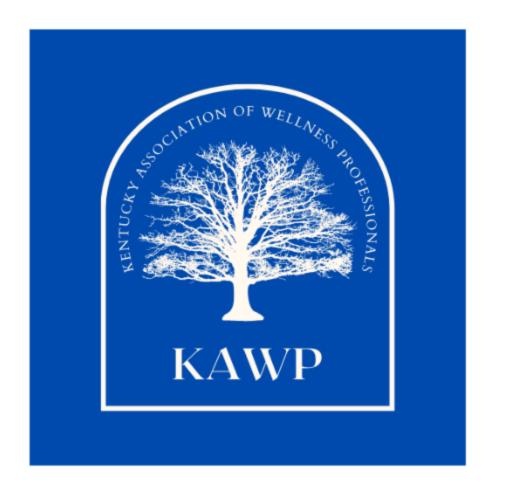
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Phone:

DATE			
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### KENTUCKY ASSOCIATION OF WELLNESS PROFESSIONALS

CUSTOMER INFORMATION:

Address:

Social Media:

Em	nail:	Credit Card Information:	
	STANDARD	PROFESSIONAL - \$	199.99
	<ul> <li>Profile listing in of</li> </ul>	clusive network for independent we our practitioner directory for client v ers featuring industry insights and t	visibility.
		essional Category iner, Athletic Trainer, Massage Therapist, etc	
re you		providing discounts f so describe them b	