



Silver Lake Health & Wellness Association

MEMBERSHIP APPLICATION

Send this completed form along with payment and copy of license and/or certification to:
Silver Lake Health & Wellness Association, Membership Committee
Wanda Jewell, 4001 1/2 Sunset Bl, Los Angeles, CA 90029

(please fill in all spaces)

Business/Organization Name _____

Address _____ City _____ State _____ Zip _____

Phone () _____ Fax () _____

Email _____ Website _____

Contact Person(s) _____

Type of Business/Organization _____ Years In Business: _____ At this Location: _____

Business Reference _____

Annual Membership Dues \$60.00 Please include check made payable to: SLHWA

Note: Please include a copy of professional license and/or certification in your discipline for verification and consideration by the Membership Committee for SLHWA membership.

Signed _____ Print Name _____

Title _____ Date _____

Membership in SLHWA includes: inclusion in our directory of practitioners and the SLHWA website; opportunities for cooperative advertising, community outreach and education; professional development and networking with other Silver Lake professionals, and some discounted member services.

I would like to:

- serve on a SLHWA committee (indicate area of interest) _____
- give a presentation/demo at SLHWA monthly meeting (please describe) _____

I will offer the following **SLHWA Member to Member Discount** for services or merchandise (Please describe specific discount(s))

What would you like from the SLHWA ? _____

