

Associate Application (1)

(Please type or print carefully- use back of form if additional space is necessary)

Legal Name or Name I am using in my profession:

Business Name (if applicable):

Type of practice (example: acupuncture, fitness coaching, physical therapy, counseling, chiropractic, etc):

Type of license, diploma, degree or certificate:

Board License number:

(Note: Candidate must hold valid diploma, current license or certificate to qualify)

Years in business:

In a few words, describe your mission/objective:

I am insured (please check) _____ I am self-insured _____

Insurance Company:

Policy number:

Mailing address:

\$30.00 (non-refundable) annual materials handling fee made out to: Whole Life Massage Center Check # _____ or Credit card no. # _____

Exp. Date: _____ (Visa / MC / AMEX/ Discover) CVV2 – 3 digit security code # _____
_____ (4 digits if AMEX card)

Preliminary Information for the website:

Your business professional name: how you want it to exactly appear: (example: Jane Pain, B.S., CHC, MT, "Healing Hands", Inc.) _____

Your Title: (example: Certified Health Coach,) _____

Your Specialties: (example: Bio-Feedback, emotional balancing,) _____

_____ Your public contact phone: _____

Your public e-mail address and or website URL: _____

Short statement (or upcoming workshop offering & dates) you want to tell visitors:

Associate Application Agreement (2)

I, the undersigned agree to voluntarily display my business information and hold harmless

Jody Green, DBA Whole Life Massage Center, and Wellness Associates located at 1524 Willamette St. Ste. #202 Eugene, OR, 97401, event organizers and or managers for such events as but not limited to The Eugene Celebration, for the Center's web host company, from any and all liability arising out my participation in my voluntarily displaying ethical and accurate information about my business and business practice.

I understand that it is my responsibility to notify in writing, Jody Green, Whole Life Massage Center and Wellness Associates of any informational changes that may or may not affect the nature of the public display of my information in said locations.

I also understand that I have agreed to pay an annual nonrefundable materials handling fee of \$30.00 beginning on the date of my application approval, subject to automatic annual renewal unless I deem to discontinue at such time.

I further understand that I may withdraw my materials for any reason at any time with or without cause but in doing so I will forfeit my fee. I additionally understand that Jody Green, Whole Life Massage Center and Wellness Associates will also have this same right to withdraw my materials for any reason at any time with or without cause, but that in good faith my materials will remain in the aforesaid locations until which time it is deemed necessary or prudent that such an action need occur.

In consideration of granting permission to have my business materials occupy said premises and locations, I intend to be legally bound for myself and warrant self responsibility for insurance to cover any an all financial claims for any and all breach, claim or defect arising out of any and all operations of my business. I am in no way or intend to be an employee of Whole Life Massage Center and Wellness Associates and as such consider myself an independent contractor, in freely allowing the public display of my business information materials only.

Signed _____ Dated _____