

COMPLEMENTARY WELLNESS PROFESSIONAL ASSOCIATION™ ASSOCIATE ASSOCIATION PARTNER AGREEMENT

This agreement is between the Complementary Wellness Professional Association (CWPA)
7645 South Steele Street, Littleton CO 80122 (303)770-4022 and _____
_____(Partner) at _____(addr),
_____(city) ____ (ST) _____(zip), _____(phone)

Purpose

The purpose of this Agreement is to form a partnership to promote the importance of education, marketing and professionalism in the delivery of Complementary Healthcare and Wellness services.

Goal

The goal is to improve the quality and professionalism of Complementary Healthcare and Wellness services offered to consumers and to each other.

Details

1. Partner joins CWPA as a Group Member (normally a \$469 fee) trading for a like membership in Partner's organization. Partner would then be listed on the CWPA Website under Associations.
2. CWPA will extend a Special Offer – free Supporting Memberships (normally a \$48 fee) – to all members of Partner's organization. Partner's Members who meet the qualifications may upgrade to a Professional Member for the difference in Membership fees. Details are listed on the CWPA Website (Compwellness.org) under [Become a Member](#).
3. Partner will offer similar Special Offer to CWPA Members.
4. CWPA and Partner will promote Special Offers on their Websites as well as directly to their Members via mail and email.
5. CWPA will put a link on the CWPA [Resources](#) page to the Partner Website and Partner will have a link to the CWPA Website.
6. Both parties will send out an initial joint press release to promote the partnering agreement between CWPA and Partner.
7. Work together to promote and market the purpose and goals of this agreement.
 - o Partner is invited to participate future educational conferences, starting in 2003.
Examples if partner chooses to participate:
 - o Partner will be listed as a Sponsor for the conference
 - o Partner will authorize CECs for participants of the conference
 - o Partner and CWPA will do joint promotions and mailings to promote the conference.

Authorized Partner Name(print) _____

Partner Signature _____ Date _____

Partner Title in Organization _____

Authorized CWPA Signature _____ Date _____

Authorized CWPA Name, Title and Date Kenton Johnson, Executive Director

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