

Please fill out and return to the Wellness Coordinator at Buffalo County Community Partners.

Business/Organization

Name:		_		
Address:				
City:		State:	Zip:	
	<u>Prima</u>	ry Contact		
Name:				
Phone:	Email:			
	Coalition R	Representative		
Ma want a rapros	sentative to join the Activate Buffalo	_	Yes No	
·	•	,	res No	
	Email:			
T Hone.	Lillali.			
	<u>Membershi</u>	p Levels & Fees		
01	01-10 Employees - \$90.00		51-100 Employees - \$200.00	
11	11-25 Employees - \$120.00 101-249 Employees - \$250.00		mployees - \$250.00	
26	5-50 Employees - \$150.00	250 & Above -Employees - \$300.00		
	Paymen	t Procedure		
Upor	n receipt of this registration, Buffalo Business/Organization	County Community Pa n for the total amount	·	
•	yments via check may be made paya bose to pay via credit card, please ca	•	•	
All Credi	t Card payments will be assessed a	\$0.30 transaction fee	plus a 2.9% processing fee	