

Referred by \_\_\_\_\_ one of your company's best advocates  
please print and a valued BFW Member!

**BELLIN FOR WOMEN REWARDS PARTNER ACKNOWLEDGEMENT**

- Rewards Partners agree to provide a discount or special offer to Bellin for Women members beginning on enrollment date and automatically renewed annually.
- Rewards Partners may opt out but are required to give a 60-day notice to the Bellin Health Coordinator of Bellin for Women. Should the discount or special offer described be unavailable, Rewards Partner will provide an incentive of equal or greater value. Bellin for Women Members **must present their loyalty card** to qualify for the incentive.
- Rewards Partners will be listed in the Bellin for Women Membership Rewards directory, on the Bellin Health website, advertisements, newsletters and community events when deemed appropriate by Bellin Health Marketing Department.
- Bellin for Women membership database information is confidential.
- Rewards Partners may not use any Bellin Health logo or Bellin for Women logo without prior approval from the Marketing Department at Bellin Health.
- Bellin Health Bellin for Women maintains the right to approve or deny all Rewards Partners.
- Upon the discretion of the Bellin Health Marketing Department, Bellin for Women reserves the right to cancel any Rewards Partner membership without prior notice.

Organization Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Position/Title \_\_\_\_\_

Contact Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Yes, I have reviewed the acknowledgement form and verified with my corporate office/compliance department and my membership as Reward Partner has been approved and accepted.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Are you or any members of your immediate family employed or serving as a board member, officer, or committee member at Bellin Health?  Yes  No

If yes, please list names and affiliation with Bellin Health.

Name \_\_\_\_\_ Position \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

**Bellin Health System Representative**

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date Enrollment \_\_\_\_\_

Approved \_\_\_\_\_

**Mail or email this form to:**

Holly Schroeder, Bellin for Women Coordinator

Bellin Health

744 South Webster Avenue

Green Bay, WI 54301

Email: Holly.Schroeder@bellin.org Phone: 920.433.7811

## REWARDS PARTNER INFORMATION

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I have signed the Bellin for Women Rewards Partner Acknowledgement

How do you want your business to be listed in our directory, newsletter, or other marketing materials?

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

What services or products does your company provide? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What discount or special offer will you provide to Bellin for Women members? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No fee will be charged to partner with Bellin for Women; however, we do expect you will make every attempt to participate in at least one Bellin for Women event per year if invited. Additionally, you'll be asked to provide the Bellin for Women program with a product, service, or gift card valued at \$25 or more upon application to be used as incentives for Program and Rewards Partners engagement campaigns. We may also ask you to donate a door prize in lieu of paying a vendor fee at events. If invited and you choose not to participate in events, we will require you to donate at least one give-away per calendar year valued at \$50 or more to be used at Bellin for Women events.

- Will you be willing to participate in at least one Bellin for Women event per year (if invited) and/or provide at least one door prize per year valued at \$50 or more?  Yes  No
- Will you provide the \$25 product, service, or gift card with your application?  Yes  No

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Bellin Health

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Green Bay, WI 54301

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sponsored by  
**bellinhealth**