

## Questions?



## Please Call:

Kelly Rumpf  
Executive Director  
Wellness Council of the  
Upper Peninsula  
C/o Dickinson-Iron District  
Health Department  
818 Pyle Drive  
Kingsford, MI 49802  
(906) 779-7234  
[rumpf@hline.org](mailto:rumpf@hline.org)  
[www.fitUP.org](http://www.fitUP.org)

**WELCUP**  
Wellness Council of  
the Upper Peninsula  
818 Pyle Drive  
Kingsford, MI 49802



# WELCUP

Wellness Council of the  
Upper Peninsula

## *Application for Membership*

*"Promoting wellness in the  
workplace and your community"*

*Affiliated with:*



# WELCUP

Wellness Council of the Upper Peninsula

WELCUP is a non-profit organization committed to devoting resources to the promotion of wellness in Upper Peninsula and Northeastern Wisconsin worksites and community organizations. Your company or organization is invited to join in our efforts.

WELCUP once served as a Michigan Regional Fitness Council. WELCUP teaches Upper Peninsula residents about the health benefits of exercise and encourages active involvement in fitness programs.

## How to Join

Fill out the application in this brochure and mail it along with a check payable to:

**WELCUP**  
**Kelly Rumpf, Executive Director**  
**Dickinson-Iron District Health Dept.**  
**818 Pyle Drive**  
**Kingsford, MI 49802**

## Yearly dues:

Individual - \$25 (one delegate)  
Employers with 2-100 employees \$50  
(2 delegates)  
More than 100 employees \$100 (up to 3  
delegates)



## Membership Benefits:

As members of WELCUP, you will receive:

### Information

- Additional health literature
- WELCUP website: [www.fitup.org](http://www.fitup.org)

### Education

- Walk Michigan Program
- "Get Moving U.P." Program
- Discount on Health Promotion Workshops
- Employee Wellness Programs
- Wellness Lending Library

### Technical Assistance

- Networking with other health professionals
- Employee wellness programs from other members
- Vendor discounts

*You also have a chance at winning great incentives and cash prizes as participants in our programs!*

## 2010 Application for Membership

Company/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

Fax No: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

WELCUP Delegates

Delegate #1: \_\_\_\_\_

Delegate #2: \_\_\_\_\_

Delegate #3: \_\_\_\_\_

Fee Enclosed \$ \_\_\_\_\_

**Return with check payable to WELCUP**