

Small Business Employee Acupuncture Support Application



Name of business:

Name and title of contact:

Phone of contact:

Email of contact:

Number of employees included in benefit:

Number of credits that you would like to keep in your account (to be updated each month):

Please include employee roster with this form.

Please fax form to: **503-493-7281**

Questions? Please email Cortney at chartman@workingclassacupuncture.org

Thank you!