



COMMUNITY PARTNER APPLICATION

Company Name: _____

Address: _____

Contact's Name: _____

Contact's Title: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Membership Period: _____

Alternate Contact's Name: _____

Alternate Contact's Title: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Membership Dues And Sponsorships

| | | |
|--|---------------------------------|------------|
| | Annual Membership Dues | \$1,500.00 |
| | Program Sponsorship | |
| | Seminar/Conference Sponsorship | |
| | Awards Luncheon Sponsorship at: | |
| | In-Kind Sponsorship: | |
| | TOTAL: | N/A |