



**MARKETING PARTNER APPLICATION**

EXACT Name of Organization: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Officers Names/Title**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**MARKETING PARTNER / FRIEND MEMBERSHIP**

Circle your choice Titanium - \$5000

Platinum - \$2500

Gold - \$1000

Silver - \$500

\_\_\_\_\_

Number of FULL members \_\_\_\_\_ x \$10/member = \_\_\_\_\_

**TOTAL** \_\_\_\_\_

Application must be submitted with your **FULL** members' contact information so they can be added to our web directories

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name/Title:** \_\_\_\_\_

**Entity Name:** \_\_\_\_\_