



2009-2010 Corporate Partner Application/Agreement

Date: _____

Company Name: _____

Corporate Headquarters: _____

Address: _____
Street City State Zip

Billing Address _____
(If different from above) Address City State Zip

Contact Name for Billing: _____ Email: _____

Contact Phone: _____ Contact Fax: _____

Website URL: _____

Corporate Information:

Number of Employees: _____ Annual Revenues: _____ # of Locations: _____
(optional)

Please provide a brief description of your company for promotional use on NAWBO's website and in communications:

We hereby enter into our Annual partnership with the NAWBO-Inland NW Chapter at the \$_____ level.

Check in the amount of \$_____ payable to: NAWBO-Inland NW Chapter is enclosed.

Please check your level of NAWBO-Inland NW Partnership:

___ Visionary Platinum Partner - \$10,000 ___ Champion Gold Partner - \$5,000
___ Silver Leader Partner - \$3,000 ___ Bronze Partner - \$1,000
___ Supporting Partner - \$500

Authorized Signature

Title

Date

PRINT Name of Authorized Signature

Please mail completed Corporate Partner Application/Agreement **and** Corporate Partner Survey to:
NAWBO – Inland Northwest Chapter
P.O. Box 1712
Spokane, WA 99210

WOMEN MEAN BUSINESS®