



## Corporate Partner Application/Agreement

Today's Date: \_\_\_\_\_

### Company Information

Company Name: \_\_\_\_\_

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

City State Zip  
Name/Title of Company Contact: \_\_\_\_\_

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

Company Website Address: \_\_\_\_\_

Social Media (Twitter, Facebook, etc.): \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Annual Revenues: \$ \_\_\_\_\_ NAICS/SIC Code: \_\_\_\_\_

We are interested in participating at this level: *(please check one option below)*

- Visionary Platinum \_\_\_\_\_ \$10,000
- Gold \_\_\_\_\_ \$ 5,000
- Silver \_\_\_\_\_ \$ 3,000
- Bronze \_\_\_\_\_ \$ 1,000
- Supporting \_\_\_\_\_ \$ 500

We hereby enter into this Annual Corporate Partner Agreement with the NAWBO-Inland NW Chapter.

Our level of Corporate Partnership will be at the \$ \_\_\_\_\_ level.

Our check, in the amount of \$ \_\_\_\_\_ and payable to **NAWBO-Inland NW Chapter**, is enclosed.

\_\_\_\_\_  
*Authorized Signature of Company Representative* Title Date

\_\_\_\_\_  
*Please print name of authorized representative* Title Date

**Company Billing Information** *(list only if different from above)*

Contact Name for Billing: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
City State Zip

**Describe your business expertise and areas of interest:**

**List the name(s) of other company representatives that may attend Chapter Monthly Meetings:**

\_\_\_\_\_  
Name Email address Phone

\_\_\_\_\_  
Name Email address Phone

\_\_\_\_\_  
Name Email address Phone

**Other Company Information**

Please provide contact information for the following. This information is required for media advertising (print, online, website, etc.)

Digital copy of your logo (best file formats are: .jpg, .gif, .pdf)

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Interest in other NAWBO Chapter Sponsorship Opportunities\* for annual events (unCorked! our Annual Chapter Fundraiser, Annual Chapter Banquet, Seminars, Workshops, etc.)

*\* Sponsorship is defined as a one-time monetary or in-kind contribution and is different from Corporate Partnership.*

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name of person(s) that may be interested in participating in a monthly chapter meeting presentation or panel.

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

**WELCOME - OUR NEWEST NAWBO CORPORATE PARTNER!**

If mailing this Corporate Partner Application Agreement, please send to:  
NAWBO – Inland Northwest Chapter, ATTN: Connie, P.O. Box 1712, Spokane, WA 99210