

2010 SPONSORSHIP APPLICATION

Information about you...

Name _____

Company Name _____

Type of Business _____

Company Address _____

City/State/Zip _____

#1 Phone (_____) _____

#1 Fax (_____) _____

Residence Address _____

City/State/Zip _____

#2 Phone (_____) _____

#2 Fax (_____) _____

I would like mail sent to my:

Business Residence

E-mail _____

Web Site _____

Local Chapter you're joining EMERALD COAST CHAPTER

Were you a WCR sponsor in the past 12 months? What

Chapter? _____

AMOUNT OWED

Sponsorship Amounts: Check appropriate line

_____ \$1,000 (Pro-rated through end of year)

_____ \$500.00

_____ \$250.00

METHOD OF DUES PAYMENT

Check for \$_____ (payable to "WCR") is enclosed.

Charge \$_____ to my:

Visa

MasterCard

Card # _____

Expiration _____

Signature _____

FOR LOCAL CHAPTER USE ONLY

Recruited by _____

Application process completed by _____

Date _____

WHERE IT ALL COMES TOGETHER.

