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PARTNERSHIP / SPONSORSHIP APPLICATION FORM

PROPOSED CATEGORY

Please check just ONE of the following boxes:

- □ **Organization**
- □ **Company**
- □ **Individual**
- □ **Other**

NAME AND CONTACT INFORMATION

Name of the institution (***if a company or organization***):

_____

Name of individual representing institution:

_____

Full contact information:

[Street] _____

[Bldg/Suite #] _____

[City] _____ [State] _____ [ZIP] _____

[Tel] _____ [E-mail] _____

Name of proposed partner (***if an individual***):

_____

Full contact information:

[Employer – *if relevant*] _____

[Street] _____

[Bldg/Suite #] _____

[City] _____ [State] _____ [ZIP] _____

[Tel] _____ [E-mail] _____

SIGNATURE: _____ **DATE:** _____

NAME: _____

TITLE: _____

Please complete and **MAIL** this form to the Petronille Healthy Society at the address given above. Alternatively, a copy of this form can be **E-MAILED** to contact@petronillehealthysociety.org

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