



Corporate Partnership Application

Women's Network of York
 P. O. Box 3226, York, Pennsylvania 17402
 www.WNYork.com network@wnyork.com

Please Complete BOTH SIDES of this application and return it with your check for \$300.00 payable to: Women's Network of York.

Application Date
Company/Organization Name
Location
Web Site Address

ADMINISTRATIVE CONTACT	MARKETING CONTACT	H/R CONTACT
Name	Name	Name
Business Mailing Address	Business Mailing Address	Business Mailing Address
Business Phone	Business Phone	Business Phone
Fax	Fax	Fax
E-Mail Address	E-Mail Address	E-Mail Address

Who will be your designated Primary Corporate Member? <i>See Benefits & Terms (below) for details.</i> Name: _____	Do you wish to provide a table-top display at WNY meetings? <i>See Benefits & Terms (below) for details.</i> <p style="text-align: center;"> <input type="radio"/> Yes <input type="radio"/> No </p>
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As an authorized representative of the above-named company/organization, I have read and accept, on behalf of that same company/organization, the Benefits & Terms of Corporate Partnership (below) and authorize WNY to communicate via the above-noted points of contact to provide periodic announcements and information.

Signature: _____ Title: _____

Benefits & Terms of Corporate Partnership

- One employee of your company (i.e., Primary Corporate Member) will receive full WNY Membership with listing in the WNY Directory, eligibility for Member of the Month, access to Members Only website, any/all member benefits and discounts including the regular event discounts. *Note: Primary Corporate Member must complete the reverse side of this application.*
- Your company may display at WNY meetings. WNY will provide a Corporate Table at no additional cost for your use to display and promote your company's products/services. Our Meetings Director shall schedule your display if you indicate your desire to participate.
- From time to time, WNY may offer sponsorship opportunities for an event, etc. Corporate Partners will be notified and shall have the right of first refusal prior to notification of all other WNY members and/or non-members of WNY.
- Any employee in your company may register and attend any WNY meeting and/or event at the Member Rate (discount of \$10.00). Your company is responsible for any such registration fees not paid by an employee.
- Any employee in your company may join WNY to receive full Membership benefits at the special reduced rate of \$50.00 per year (savings of \$25.00 per year per employee).
- Corporate Partnership term runs from the 1st of the month following receipt of payment and application, and running for 12 months, and WNY shall forward a Renewal Invoice to your Administrative Contact prior to the expiration date. Upon renewal of your Corporate Partnership, your Primary Corporate Member is renewed at no additional cost. In addition, any/all other employees who have joined WNY at the reduced rate shall be eligible for individual annual renewal (April 1st through March 31st) at the special reduced rate of (\$50.00/year).



Primary Corporate Member Application

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As the designated Corporate Primary Member for your company, please complete the following form. After completing the reverse of this page, your company will submit it per their directions to initiate their Corporate Partnership with Women's Network of York.

Your Name (First, MI, Last)

Home Address (Street Address, City, State, Zip Code)

Home Telephone (Area Code + Phone Number)

Company/Employer Name Your Title

Business Address (Street Address, City, State, Zip Code)

Business Telephone (Area Code + Phone # + Extension) Business Fax (Area Code + Phone #)

Business Web Address

Your E-Mail Address

Please select a single category below that best fits your type of business:

- Non-Profit
- Sales/Marketing/Media
- Professional Svc.
- Personal Svc.
- Finance
- Real Estate

Please note below any skills or experience that you would be willing to share with other members:

Would you be interested in sponsoring our Member-of-the-Month contest in an upcoming month?

- Yes No Don't know – please provide information

Are you interested in serving on any committees (if so, please select as many categories as you wish, below):

- Membership
- Event Planning
- Event Logistics
- Communication
- Marketing
- Administrative

How did you hear about Women's Network of York?

- Friend/Co-worker
- Internet
- Newspaper
- Radio
- Mailing
- Other

If "Other", above, please specify:

Thank you for your interest in Women's Network of York. Once your company's Corporate Partnership application has been processed, we will contact you about your participation. In the meantime, if you have questions, please contact Membership Director at membership@wnyork.com.