

Sponsor Application

Only to be completed if Sponsor is **not** the Employer/Practice Site

This application must be completed by the Executive Director/CEO or a legal representative. Final signature must be hand written, digital signatures will not be accepted.

Sponsor Organization

Name of Organization

Street Address

City

State

Zip

Executive Director/CEO Name

Phone Number

Fax

E-mail

Board Chair (if applicable)

E-mail (if applicable)

Applicant Information

First Name

Last Name

Total Sponsorship Commitment

Legal Representative Information

By signing below, the Organization listed above agrees to enter into a contractual agreement to provide the above named Provider with a total contribution listed above, divided over the contract period.

Signature of Executive Director/CEO or legal representative

Name

Title

Signature

Date