

COMPANY PARTNERS APPLICATION*

Fill in completely (please print)

Firm name _____
 Street address _____ P.O. Box _____
 City _____ State _____
 County _____ ZIP _____
 Phone _____ Fax _____
 Email _____
 Contact name _____ Signature _____

Specify principal type of business

Insurance company Other (specify type) _____

Select your level of sponsorship

PIWA offers four Company Partner levels with increasing benefits and visibility—giving you a clear picture of your marketing dollars at work throughout the year. Call for details or logon to www.piwa.org.

Platinum Partner \$5,000
 Gold Partner \$3,000
 Silver Partner \$2,000
 Bronze Partner \$1,000
 Other \$ _____

Select payment method

Amount: \$ _____

Check (please enclose) Credit card

Acct. 210-001

Visa MasterCard American Express Discover

Card no. _____ Expiration date _____ Security _____

Cardholder _____

Return this application by mail or fax. Or, give us a call.

25 Chamberlain St. • P.O. Box 997 • Glenmont, NY 12077-0997 • (518) 434-3111 • Fax (518) 434-2342 • www.piwa.org

**Application is subject to approval by the board of directors. Sponsor _____*