

Partner Application

Organization Information

Organization
Name: _____

Organization
Mission: _____

Partner Contact:

First Last Role in Organization

Business Address:

Street Address Apartment/Unit #

City State ZIP Code

Business Phone: _____

Cell Phone: _____

Email: _____

Select available organizational communication resources (select all that apply).

- Website Facebook Twitter
 Newsletter/Publications Other tools: _____

Do you certify the organization is a non-profit?

- Yes No