



CORPORATE PARTNER APPLICATION

A Corporate Partner term is for 12 months after application submittal.

CONTACT INFORMATION

Company Name _____

Mailing Address _____

City _____ State _____ Zip _____

Company Website _____

Primary Contact Name _____

Title _____

Email _____

Phone _____ Fax _____

SELECT REQUESTED CORPORATE PARTNER CATEGORY

- \$5,000 Gold – 50% due with application
- \$2,500 Silver - 50% due with application
- \$1,000 Bronze - 50% due with application

*Make checks payable to **Women in Defense Greater Hampton Roads** and mail check, along with application, to below address.*

My company will receive the partner benefits described on the Women in Defense Greater Hampton Roads website throughout the partner term. I will email a corporate logo to appear in Women in Defense Greater Hampton Roads publications within 30 days of application submittal.

Submitted By: (print) _____ Date _____

Submitted By (signature) _____