



Strategic Partner Application

Please complete the form below. All applications must be accompanied by payment. Send your application by e-mail to holly@fpanc.org or mail to: FPANC, PO Box 188293, Sacramento, CA 95818

Name of Company: _____

Company Representative: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Company Website: _____

Presentation Month (For PLATINUM & GOLD Strategic Partners Only): (Dates below)

January 12th

February 9th

March 9th

April 13th

May 11th

June 8th

July 13th

September 14th

October 12th

November 9th

December 14th

Company Description: For the website listing, please provide a brief description of the products and services you provide.

Strategic Partner Level: Platinum \$3000 Gold (\$1800) Silver (\$1250)

PAYMENT INFORMATION

Name: _____

Phone Number: _____

Date: _____

Amount: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____ Billing Zip Code: _____

Email: _____

Signature: _____

Or please mail a check to the following address:

FPA of Northern California

PO Box 188293

Sacramento, CA 95818

Thank you for supporting the FPA of Northern California!