



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 GOLD Strategic Partners Only): (Dates below)

January 11th
July 12th

February 8th
September 13th

March 8th
October 11th

May 10th
November 8th

June 14th
December 13th

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

Strategic Partner Level: Gold (\$2000) Silver (\$1300)

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!