

## **INDUSTRY PARTNER APPLICATION**

SHAPTER	
Please complete this form.	
Name:	
Company:	
Address:	
Dity:	State:Zip Code:
Email Address:	Phone:
Website:	
Please explain what your business does and how it may help SFBA N	「MA regular members:
Annual SFBA NTMA Chapter Industry Part	nership Fee ONLY \$750.00
Valuable Benefits:	
<ul> <li>Public recognition of your company's leadership</li> </ul>	in effecting a positive impact on the economy in the
SF Bay Area.	
Your business listed on our website with contact      Dublished articles about your business are restated.	
Published articles about your business promote stories, newsletters, and events are promoted by	d on our website and to our members. Your blogs,
Electronic list of members in excel format.	y the association.
	channels among SFBA NTMA constituents, including
members, associations, alliances, partners, influ	
•	g businesses as potential clients at SFBA NTMA
events, held throughout the Bay Area.	
<ul> <li>First right of refusal on sponsorship opportunities address our industry members.</li> </ul>	es including taking part in meetings where you may
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*SFBA NTMA Industry Partnership is not an NTMA Membership. Bener	its that Regular Members have are not all applicable to Industry Partn
PAYMENT	
☐ Enclosed is my check of US \$ made payable	to SFBA NTMA.
OR	ACV Cue Data 7in
<ul> <li>Please charge my credit card:VisaMasterCardAl</li> <li>Credit</li> </ul>	MEX Exp. Date Zip
Card #	CVV #
Signature Name	
Please mail completed form with your check to: SFBA NTMA. 231 F. Ale	(as it appears on card)
riease mail completed form with voll check to: SEBANTMA. 231 E. Ale	ssanoro bivo #Abbu Riverside CA 92508

\*\*This application does not guarantee membership in the association. Each application is reviewed by the Board of Directors and membership is at their discretion.

Or you can email this completed form to info@sfbantma.org.