

2026 Sacramento Chapter

Corporate Partnership Commitment Form

Complete Company/Agency Information

STEP 1

COMPANY/AGENCY NAME

CONTACT NAME

TITLE/POSITION

EMAIL ADDRESS

COMPANY PHONE NUMBER

MAILING ADDRESS

CITY, STATE ZIP

Select your desired partnership level (choose one).

STEP 2

- Platinum (Local) - Includes four (4) WTS International Professional Memberships
- Platinum (Global) - Does not include WTS International Memberships
- Gold - Includes three (3) WTS International Professional Memberships
- Silver - Includes two (2) WTS International Professional Memberships
- Bronze - Includes one (1) WTS International Professional Membership
- DBE Supporter - Does not include WTS International Memberships

If your agency is unable to accept WTS International Membership(s) for individuals or you do not wish to use all of your WTS International Memberships, please inquire about our Voucher Program.

List the name(s) and contact information of individuals selected for WTS International Membership.

STEP 3

1. _____
(Name, Email)
2. _____
(Name, Email)
3. _____
(Name, Email)
4. _____
(Name, Email)

Send check (payable to WTS Sacramento Chapter) and completed Corporate Partnership Commitment Form to:

STEP 4

WTS Sacramento Chapter
c/o Carlye Buchhloz
PO BOX 188125
Sacramento, CA 95818-8125