

2023 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 – Includes four (4) WTS International Memberships
- Gold – Includes three (3) WTS International Memberships
- Silver – Includes two (2) WTS International Memberships
- Bronze – Includes one (1) WTS International Membership
- DBE Supporter

**If your agency is unable to accept WTS International Membership(s) for individuals, 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 partnership commitment form to:

STEP 4

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