

2025 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